

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827186 (8)

1. Corporation Name
MAGUIRE GROUP INC.

Principal Place of Business

225 FOXBOROUGH BLVD
FOXBOROUGH MA 02035

Mailing Address

225 FOXBOROUGH BLVD
FOXBOROUGH MA 02035



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified
12/16/1971

3a. Date of Last Report
05/01/1995

4. FEI Number
05-0318211

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REPETA, RICHARD J.
STREET ADDRESS 40 OAK BLUFF
CITY-ST-ZIP AVON CT ☐ DELETE

TITLE S
NAME COFFEY, JOHN G. SR
STREET ADDRESS TWO REGENCY PLACE, STE 4
CITY-ST-ZIP PROVIDENCE RI ☐ DELETE

TITLE VD
NAME FRITZ, JAMS B.
STREET ADDRESS 39 CARRIER CT
CITY-ST-ZIP SOUTHTON CT ☐ DELETE

TITLE T
NAME BUSH, RAYMOND T.
STREET ADDRESS 3 HAYFIELD LANE
CITY-ST-ZIP CUMBERLAND RI ☐ DELETE

TITLE VD
NAME CALABRETTA, VICTOR V
STREET ADDRESS 11 AMERICA WAY
CITY-ST-ZIP JAMESTOWN RI ☐ DELETE

TITLE VD
NAME MORRISON, PETER
STREET ADDRESS 94 MEETING ST
CITY-ST-ZIP PROVIDENCE RI ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond T. Bush* Raymond T. Bush Treasurer April 29, 1996 (508) 543 - 1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)