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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90159 044 ***150.00

DOCUMENT # 827186

1. Corporation Name
MAGUIRE GROUP INC.

Principal Place of Business	Mailing Address
225 FOXBOROUGH BLVD FOXBOROUGH MA 02035	225 FOXBOROUGH BLVD FOXBOROUGH MA 02035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/16/1971

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 05-0318211 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ 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 _____ 1/15/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REPETA, RICHARD J.		1.2 NAME		
STREET ADDRESS	40 OAK BLUFF		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON CT		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COFFEY, JOHN G, SR		2.2 NAME		
STREET ADDRESS	ONE DAVOL SQUARE		2.3 STREET ADDRESS	225 Foxborough Boulevard	
CITY-ST-ZIP	PROVIDENCE RI 02903		2.4 CITY-ST-ZIP	Foxborough, MA 02035	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRITZ, JAMS B.		3.2 NAME		
STREET ADDRESS	39 CARRIER CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHINGTON CT		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUSH, RAYMOND T.		4.2 NAME		
STREET ADDRESS	3 HAYFIELD LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CUMBERLAND RI		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CALABRETTA, VICTOR V		5.2 NAME		
STREET ADDRESS	11 AMERICA WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	JAMESTOWN RI		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, PETER		6.2 NAME		
STREET ADDRESS	94 MEETING ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 1/15/99 (508) 543-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #