

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
 04-04-2001 90112 035 ***150.00

DOCUMENT # 827186

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0318211**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REPETA, RICHARD J. 40 OAK BLUFF AVON CT	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAPALIA, SHERRILL 225 FOXBOROUGH BOULEVARD FOXBOROUGH MA 02035	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRITZ, JAMS B. 39 CARRIER CT SOUTHINGTON CT	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUSH, RAYMOND T. 3 HAYFIELD LANE CUMBERLAND RI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALABRETTA, VICTOR V 11 AMERICA WAY JAMESTOWN RI	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRISON, PETER 94 MEETING ST PROVIDENCE RI	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/2001 508.543.1700

CR2E034 (10/00)

Maguire Group Inc.
Architects/Engineers/Planners
225 Foxborough Boulevard
Foxborough, MA 02035
Telephone: 508 / 543-1700
Fax: 508 / 543-5157

Attachment
827186
5/2/76



March 29, 2001

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, Florida 32302-1500

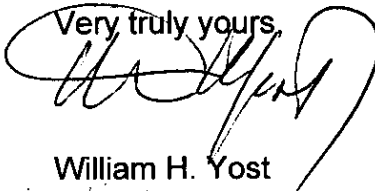
RE: Maguire Group Inc. - Document No. 827186

Dear Sir or Madam:

Enclosed you will find the Profit Corporation Annual Report 2001 for the above named corporation together with a check in the amount of One Hundred and Fifty (\$150.00) Dollars in payment for filing fee.

Please contact me if you have any questions regarding this report.

Very truly yours,


William H. Yost
Controller

WHY/rhs
enclosure