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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 827193

(4)

1. Corporation Name

HOBBS GROUP, INC.

Principal Place of Business

225 WYMAN ST
P.O. BOX 9049
WALTHAM MA 02254-6049

Mailing Address

225 WYMAN ST
P.O. BOX 9049
WALTHAM MA 02254-6049

3. Date Incorporated or Qualified
12/15/1971

3a. Date of Last Report
07/09/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

04-2191314

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

10. Name and Address of New Registered Agent

SMITH, PAUL W JR

~~201 E PINE ST~~

~~3975~~

~~ORLANDO FL 32801~~

20 North Orange Ave.

Suite 1400

Orlando, FL 32801

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 607.1506, 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's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME POUTSIKA, WILLIAM J
STREET ADDRESS 31 HAWTHORN ROAD
CITY-ST-ZIP WESTON MA

TITLE S
NAME SCHNETKE, JULIA E
STREET ADDRESS 15 LOVERS LANE
CITY-ST-ZIP SOUTHBOROUGH MA

TITLE AS
NAME PAINO, NANCY A
STREET ADDRESS 2 EMBASSY CT
CITY-ST-ZIP ARMONK NY

TITLE C
NAME YANCEY, GLENN
STREET ADDRESS 42G MEADOW POND DR
CITY-ST-ZIP LEOMINSTER MA 01453

TITLE PD
NAME GOLUB, THOMAS A
STREET ADDRESS 741 BOSTON POST ROAD
CITY-ST-ZIP GUILFORD CT

TITLE T
NAME DAMASKOS, KATHLEEN C
STREET ADDRESS 27 HOUSTON ST
CITY-ST-ZIP W ROXBURY MA

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 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.

SIGNATURE:

Julia Schnetke

Julia Schnetke

3/11/97 (617) 890-9300

CR2E034 (9/96)