

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 041 ***150.00

DOCUMENT # 831601

1. Corporation Name
MORSE SHOE, INC.

Principal Place of Business
555 TURNPIKE ST.
CANTON MA 02021

Mailing Address
555 TURNPIKE ST.
CANTON MA 02021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1973	
21		26		4. FEI Number 04-1638796	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country		Zip Country			
24	25	29	30		

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, ALAN I	1.2 NAME	
STREET ADDRESS	555 TURNPIKE ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA 02021	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAUDOIN, MARK T	2.2 NAME	
STREET ADDRESS	555 TURNPIKE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA 02021	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, PHILIP G	3.2 NAME	
STREET ADDRESS	555 TURNPIKE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, SHERMAN N	4.2 NAME	
STREET ADDRESS	780 BOULSTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLIFFORD, J. C	5.2 NAME	
STREET ADDRESS	104 LINCOLN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRUCE, ERVIN D	6.2 NAME	
STREET ADDRESS	6233 INDIAN CREEK	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX	6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark T. Beaudoin

Date

1/20/99 781-828-9300

Daytime Phone #

CR2E034 (11/98)

MORSE SHOE, INC. (DE) OFFICERS AND DIRECTORS

1/6854-9020-41
831681

OFFICE	NAME	BUSINESS ADDRESS	HOME ADDRESS
President & Chief Executive Officer	Alan I. Weinstein	555 Turnpike Street Canton, MA 02021	13 Kings Road Sharon, MA 02067
Executive V. P., Chief Financial Officer, Treasurer	Philip G. Rosenberg	555 Turnpike Street Canton, MA 02021	36 Castle Drive Sharon, MA 02067
1st Sr. V.P. & Secretary	Mark T. Beaudouin	555 Turnpike Street Canton, MA 02021	65 Glen Street Dover, MA 02030
Director	Sherman N. Baker	555 Turnpike Street Canton, MA 02021	780 Boylston St., #27D Boston, MA 02199
Director	J. Christopher Clifford	Berkshire Partners One Boston Place Boston, MA 02108	104 Lincoln Road Wayland, MA 01778
Director	Melvin Rosenblatt	The Day Building 306 Main Street Worcester, MA 01608	79 Barry Road Worcester, MA 01601
Director	David Pulver	Cornerstone Capital, Inc. 16 Cobblefield Dr. Mendham, NJ 07945	16 Cobblefield Dr. Mendham, NJ 07945
Director	Nancy Ryan	Pro Media, Inc. 12 Mercer Road Natick, MA 01760	20 Lantern Road Framingham, MA 01701
Director	Douglas Kahn	Royal Home Fashions 2202 Eastview St. Durham, NC 27702	400 Tharps Lane Raleigh, NC 27614
Director	Harold Leppo	None	71 Lynam Road Stamford, CT 06903
Director	Theodore M. Ronick	None	142 East 71st St. New York, NY 10021
Director	Alan I. Weinstein	555 Turnpike Street Canton, MA 02021	13 Kings Road Sharon, MA 02067