

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 831601**

1. Entity Name

MORSE SHOE, INC.**FILED****Mar 04, 2000 8:00 am**
Secretary of State

03-04-2000 90096 023 ***150.00

Principal Place of Business

Mailing Address

**555 TURNPIKE ST.
CANTON MA 02021****555 TURNPIKE ST.
CANTON MA 02021-2724**

00000470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1638796**

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

**C T CORPORATION SYSTEM
1200 SOUTH 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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WEINSTEIN, ALAN I	555 TURNPIKE ST	CANTON MA 02021	<input type="checkbox"/>
S	BEAUDOIN, MARK T	555 TURNPIKE ST	CANTON MA 02021	<input checked="" type="checkbox"/>
VT	ROSENBERG, PHILIP G	555 TURNPIKE ST.	CANTON MA	<input checked="" type="checkbox"/>
D	BAKER, SHERMAN N	780 BOULSTON ST.	BOSTON MA	<input type="checkbox"/>
D	CLIFFORD, J. C	104 LINCOLN RD.	WAYLAND MA	<input type="checkbox"/>
D	RONICK, THEODORE M	142 EAST 71ST ST	NEW YORK NY 10021	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P/CEO				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/S	Michael A O'Hara	555 Turnpike St.	Canton MA 02021	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/T	Elizabeth C. White	555 Turnpike St.	Canton MA 02021	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

2/22/00

Date

781-828-9300

Daytime Phone #

CR2E034 (9/99)