

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 835953 (1)

1. Corporation Name

INVESCO MANAGEMENT & RESEARCH, INC.

Principal Place of Business

101 FEDERAL ST.
BOSTON MA 02110

Mailing Address

101 FEDERAL ST.
BOSTON MA 02110



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/17/1976

3a. Date of Last Report

07/10/1995

4. FEI Number

04-2209041

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

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 date of signature

Signature, typed or printed name of registered agent, and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

KEELER, FRANK J

STREET ADDRESS

101 FEDERAL ST

CITY-STATE-ZIP

BOSTON MA

TITLE

D

☐ DELETE

NAME

BISHOP, FRANK M

STREET ADDRESS

6105 WEATHERLY DRIVE

CITY-STATE-ZIP

ATLANTA GA

TITLE

S

☐ DELETE

NAME

GREENBERG, KATHLEEN A

STREET ADDRESS

101 FEDERAL STREET

CITY-STATE-ZIP

BOSTON MA

TITLE

SVP

☐ DELETE

NAME

SHANLEY, ROBERT CHARLES

STREET ADDRESS

101 FEDERAL STREET

CITY-STATE-ZIP

BOSTON MA

TITLE

SVP

☐ DELETE

NAME

MCCARTHY, WILLIAM M

STREET ADDRESS

101 FEDERAL ST, 20TH FLOOR

CITY-STATE-ZIP

BOSTON MA

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

600001810166
-05/07/96--01011--001
***208.75

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

SVP D

MCCARTHY, WILLIAM M

101 FEDERAL ST.

BOSTON, MA

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Kathleen A. Greenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN A. GREENBERG

4/24/96 617-345-8200

CR2E034 (12/95)