




2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836463

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90327 023 ***150.00

1. Entity Name HPSC, INC.				 DO NOT WRITE IN THIS SPACE	
Principal Place of Business STATE ST. 35TH FL DEPT MA 02109-1803		Mailing Address 60 STATE ST. 35TH FL TAX DEPT BOSTON MA 02109-1803 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-2560004	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent	
				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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
V <input type="checkbox"/> Delete MCAHON, DENNIS 50 LEE ST MARBLEHEAD MA			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
PD <input type="checkbox"/> Delete DOHERTY, RAYMOND R. 242 CROSS STREET BELMONT MA			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
T <input type="checkbox"/> Delete LEFEBVRE, RENE 45 MELANIE LANE WRENTHAM MA			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
CEO <input type="checkbox"/> Delete EVERETS, JOHN 72 CHESTNUT ST. BOSTON MA			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
D <input type="checkbox"/> Delete COLE, DOLLIE P. O. BOX 1086 N/A LOCKHART TX			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
D <input type="checkbox"/> Delete MCDUGAL, TOM M. 106 NORTH COTTONWOOD DRI RICHARDSON TX			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: 			REQUIRED  Date: 04/28/00 Daytime Phone #: 407 720 3600		

CR2E034 (9/99)