

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

04-06-2004 90023 003 \*\*\*150.00

**DOCUMENT # 836463**

1. Entity Name

HPSC, INC.



Principal Place of Business

60 STATE ST. 35TH FL  
TAX DEPT  
BOSTON MA 02109-1803  
US

Mailing Address

60 STATE ST. 35TH FL  
TAX DEPT  
BOSTON MA 02109-1803  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2560004

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☒ Delete  
NAME TOWNLEY, DENNIS  
STREET ADDRESS 60 STATE ST. 35TH  
CITY-ST-ZIP BOSTON MA 02109

TITLE 5 ☐ Change ☒ Addition  
NAME ANTHONY DI GIACOMO  
STREET ADDRESS 500 WEST MCARDOE  
CITY-ST-ZIP CHICAGO IL 60661

TITLE PD ☐ Delete  
NAME DOHERTY, RAYMOND R.  
STREET ADDRESS 242 CROSS STREET  
CITY-ST-ZIP BELMONT MA

TITLE V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LEFEBVRE, RENE  
STREET ADDRESS 45 MELANIE LANE  
CITY-ST-ZIP WRENTHAM MA

TITLE V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME EVERETS, JOHN  
STREET ADDRESS 72 CHESTNUT ST.  
CITY-ST-ZIP BOSTON MA

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME COLE, DOLLIE  
STREET ADDRESS P. O. BOX 1086 N/A  
CITY-ST-ZIP LOCKHART TX

TITLE D ☐ Change ☒ Addition  
NAME W. JORDON OLIVANT  
STREET ADDRESS 500 WEST MCARDOE  
CITY-ST-ZIP CHICAGO IL 60661

TITLE D ☒ Delete  
NAME MCDUGAL, TOM M.  
STREET ADDRESS 106 NORTH COTTONWOOD DRI  
CITY-ST-ZIP RICHARDSON TX

TITLE V ☐ Change ☒ Addition  
NAME JAMES AMBROSE  
STREET ADDRESS 20225 WATER TOWER  
CITY-ST-ZIP BROOKFIELD WI 53045

12. 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 10 or Block 11 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

RICHARD L KENNEY 04/02/04 617-720-3600  
Date Daytime Phone #