

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90128 022 ***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, 2003 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	V	<input checked="" type="checkbox"/> Delete
NAME	MCMAHON, DENNIS	
STREET ADDRESS	50 LEE ST	
CITY-ST-ZIP	MARBLEHEAD MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOHERTY, RAYMOND R.	
STREET ADDRESS	242 CROSS STREET	
CITY-ST-ZIP	BELMONT MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEFEBVRE, RENE	
STREET ADDRESS	45 MELANIE LANE	
CITY-ST-ZIP	WRENTHAM MA	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	EVERETS, JOHN	
STREET ADDRESS	72 CHESTNUT ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, DOLLIE	
STREET ADDRESS	P. O. BOX 1086 N/A	
CITY-ST-ZIP	LOCKHART TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDUGAL, TOM M.	
STREET ADDRESS	106 NORTH COTTONWOOD DRI	
CITY-ST-ZIP	RICHARDSON TX	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS TOWNLEY	
STREET ADDRESS	60 STATE ST 35TH FL	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03 617-720-3600

Date

Daytime Phone #

CR2E034 (10/02)