FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836885** **(4)**

1. Corporation Name

FAY, SPOFFORD & THORNDIKE, INC.

Principal Place of Business	Mailing Address
191 SPRING ST PO BOX 9117 LEXINGTON MA 02173	191 SPRING ST PO BOX 9117 LEXINGTON MA 02173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/19/1976
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	21	5 Burlington Woods	
Suite, Apt. #, etc.	22		
City & State	23	Burlington, MA	
Zip / County	24 / 25	01803 / Middlesex	
2a. Mailing Address	26	5 Burlington Woods	
Suite, Apt. #, etc.	27		
City & State	28	Burlington, MA	
Zip / County	29 / 30	01803 / Middlesex	

4. FEI Number: 04-2204702 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE		☐ Change ☐ Addition
NAME	GLOVER, WILLIAM J.	12 NAME		
STREET ADDRESS	1 CRESTWOOD LANE	13 STREET ADDRESS		
CITY-ST-ZIP	SOUTH EASTON MA	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	HAMWEY, EMILE J.	22 NAME		
STREET ADDRESS	62 HARTSHORN STREET	23 STREET ADDRESS		
CITY-ST-ZIP	READING MA	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	ROURKE, JAMES G.	32 NAME		
STREET ADDRESS	114 BOSTON STREET	33 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETON MA	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	PD	☒ Change ☐ Addition
NAME	CATON, ROBERT J.	42 NAME		
STREET ADDRESS	13 BRADLEY RD.	43 STREET ADDRESS		
CITY-ST-ZIP	SALEM MA	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	VD	☒ Change ☐ Addition
NAME	LONEY, ROBERT T.	52 NAME	Benson, Robert A.	
STREET ADDRESS	10 GRASSHOPPER LANE	53 STREET ADDRESS	15 N. Mill Street	
CITY-ST-ZIP	ACTON MA	54 CITY-ST-ZIP	Hopkinton, MA 01748	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	WELCH, EDWARD A	62 NAME		
STREET ADDRESS	281 MOUNTAIN STREET	63 STREET ADDRESS		
CITY-ST-ZIP	SHARON MA	64 CITY-ST-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)(i), 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: EMILE J. HAMWEY Emile J. Hamwey Treasurer 4/4/95 617-821-1154
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0383843 FP