SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

FAY, SPOFFORD & THORNDIKE, INC.

Principal Place of Business	Mailing Address
5 BURLINGTON WOODS **BURLINGTON MA 01803** **US**	**5 BURLINGTON WOODS** **BURLINGTON MA 01803** **US**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt # etc 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified **08/19/1976**	3a. Date of Last Report **04/18/1995**
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 name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	11 TITLE	VD	☐ Change ☐ Addition
NAME	GLOVER, WILLIAM J.		12 NAME	BERTOLINO, ROBERT E.	
STREET ADDRESS	1 CRESTWOOD LANE		13 STREET ADDRESS	3 SAWYER AVE	
CITY-ST-ZIP	SOUTH EASTON MA		14 CITY-ST-ZIP	CANTON MA	
TITLE	VTD	☐ DELETE	21 TITLE	VD	☐ Change ☐ Addition
NAME	HAMWEY, EMILE J.		22 NAME	GROVES, DEAN L.	
STREET ADDRESS	62 HARTSHORN STREET		23 STREET ADDRESS	6 FELICIA ROAD	
CITY-ST-ZIP	READING MA		24 CITY-ST-ZIP	MELROSE MA	
TITLE	VD	☐ DELETE	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	PD	☐ DELETE	41 TITLE		☐ 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	VD	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	BENSON, ROBERT A.		52 NAME		
STREET ADDRESS	15 N. MILL ST.		53 STREET ADDRESS		
CITY-ST-ZIP	HOPKINTON MA		54 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 6/12/96 617-221-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #