FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Jun 02 1998 8:00am
Secretary of State

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

1. Corporation Name
FAY, SPOFFORD & THORNDIKE, INC.

Principal Place of Business
5 BURLINGTON WOODS
BURLINGTON MA 01803
US

Mailing Address
5 BURLINGTON WOODS
BURLINGTON MA 01803-4542
US

3. Date Incorporated or Qualified: **08/19/1976**
3a. Date of Last Report: **07/08/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GLOVER, WILLIAM J.		1.2 NAME	
STREET ADDRESS	1 CRESTWOOD LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH EASTON MA		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAMWEY, EMILE J.		2.2 NAME	
STREET ADDRESS	62 HARTSHORN STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	READING MA		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROURKE, JAMES G.		3.2 NAME	
STREET ADDRESS	114 BOSTON STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETON MA		3.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CATON, ROBERT J.		4.2 NAME	
STREET ADDRESS	13 BRADLEY RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM MA		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, ROBERT A.		5.2 NAME	
STREET ADDRESS	15 N. MILL ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	HOPKINTON MA		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, EDWARD A		6.2 NAME	
STREET ADDRESS	281 MOUNTAIN STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA		6.4 CITY-ST-ZIP	

25
6-2

800002545818
-06/03/98--01042--027
***550.00

14. I do 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 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 attached sheet with an address.

SIGNATURE: William J. Glover 5/13/98

CR2E034 (9/96)