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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>BURLINGTON MA 01803<br>US | 5 BURLINGTON WOODS<br>BURLINGTON MA 01803-4542<br>US |

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

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

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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 Jr. 5/13/98

CR2E034 (9/96)