

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90019 022 ***550.00

DOCUMENT # **836885**

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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1976

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSD ☐ DELETE
NAME GLOVER, WILLIAM J.
STREET ADDRESS 1 CRESTWOOD LANE
CITY-ST-ZIP SOUTH EASTON MA

TITLE VTD ☐ DELETE
NAME HAMWEY, EMILE J.
STREET ADDRESS 62 HARTSHORN STREET
CITY-ST-ZIP READING MA

TITLE VD ☐ DELETE
NAME ROURKE, JAMES G.
STREET ADDRESS 114 BOSTON STREET
CITY-ST-ZIP MIDDLETON MA

TITLE PD ☐ DELETE
NAME CATON, ROBERT J.
STREET ADDRESS 13 BRADLEY RD.
CITY-ST-ZIP SALEM MA

TITLE VD ☐ DELETE
NAME BENSON, ROBERT A.
STREET ADDRESS 15 N. MILL ST.
CITY-ST-ZIP HOPKINTON MA

TITLE VD ☐ DELETE
NAME WELCH, EDWARD A
STREET ADDRESS 281 MOUNTAIN STREET
CITY-ST-ZIP SHARON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/12/99

Date

Daytime Phone #

CR2E034 (11/98)