

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Fay, Spofford & Thorndike, Inc.

Principal Place of Business

Mailing Address

5 Burlington Woods
Burlington MA 01803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD
NAME William J. Glover
STREET ADDRESS 1 Crestwood Lane
CITY-ST-ZIP S. Easton MA 02375

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME Emile J. Hamwey
STREET ADDRESS 62 Hartshorn Street
CITY-ST-ZIP Reading MA 01867

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME Robert J. Caton
STREET ADDRESS 5 Pinewood Road
CITY-ST-ZIP Acton MA 01720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ROBERT A BRANSON
STREET ADDRESS 15 N MELL ST.
CITY-ST-ZIP HOPKINTON MA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME EDWARD A WALCH
STREET ADDRESS 281 MOUNTAIN ST
CITY-ST-ZIP SHARON MA.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90050 015 ***150.00

C0068825

DO NOT WRITE IN THIS SPACE

04-2204702

CR2E034 (9/99)