

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838038

1. Entity Name

FREEDOM CAPITAL MANAGEMENT CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90147 043 ***150.00

Principal Place of Business

Mailing Address

ONE BEACON STREET
P.O. BOX 1250
BOSTON MA 02108

ONE BEACON STREET
P.O. BOX 1250
BOSTON MA 02108-3107

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1915080**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **C** ☐ Delete
NAME **DODGE, DEXTER A.**
STREET ADDRESS **19 ELMWOOD RD**
CITY-ST-ZIP **MARBLEHEAD MA**

TITLE **D** ☐ Change ☒ Addition
NAME **Marandett, Paul F.**
STREET ADDRESS **172 Claybrook Road**
CITY-ST-ZIP **Dover, MA**

TITLE **D** ☒ Delete
NAME **DANELLO, JOHN J**
STREET ADDRESS **1600 MASS AVE**
CITY-ST-ZIP **CAMBRIDGE MA**

TITLE **D** ☐ Change ☒ Addition
NAME **Spencer, Michael M.**
STREET ADDRESS **327 Clark Road**
CITY-ST-ZIP **Brookline, MA**

TITLE **D** ☒ Delete
NAME **GOLDSMITH, JOHN H.**
STREET ADDRESS **55 GALLOUPES POINT**
CITY-ST-ZIP **SWAMPSCOTT MA**

TITLE **D** ☐ Change ☒ Addition
NAME **Klipper, Kenneth S.**
STREET ADDRESS **4 Kings Road**
CITY-ST-ZIP **Sharon, MA**

TITLE **SVP** ☐ Delete
NAME **OGLE, DAVID H**
STREET ADDRESS **742 WOODLEA ROD**
CITY-ST-ZIP **ROSEMONT PA**

TITLE **SVP** ☐ Change ☐ Addition
NAME **BOWLIN, PATRICIA A**
STREET ADDRESS **69 RIDGE HILL ROAD**
CITY-ST-ZIP **NOWELL MA**

TITLE **SVP** ☐ Delete
NAME **CURRIE, MARY JEANNE**
STREET ADDRESS **362 COMMONWEALTH AVE.**
CITY-ST-ZIP **BOSTON MA**

TITLE **SVP** ☐ Change ☐ Addition
NAME **CURRIE, MARY JEANNE**
STREET ADDRESS **362 COMMONWEALTH AVE.**
CITY-ST-ZIP **BOSTON MA**

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 #

CR2E034 (9/99)

838038

Affidavit
729029

Uniform Business Report (UBR)

Freedom Capital Management Corporation
Document #838038

Continuation Sheet

#12 - Name and Address of each Officer and Director as of 3/31/00

<u>Title</u>	<u>Name</u>	<u>Address</u>
SVP	Ghisletta, Amy E.	47 Harvard Street, #311, Charlestown, MA
SVP	Kelliher, Thomas A.	34 Ray Avenue, Brockton, MA