FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839137** **(7)**

1. Corporation Name
KEYPORT FINANCIAL SERVICES CORP.

Principal Place of Business	Mailing Address
125 HIGH STREET BOSTON MA 02110-2712	125 HIGH STREET BOSTON MA 02110-2712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1977
3a. Date of Last Report: 04/26/1994

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)

4. FEI Number: 04-2603954 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	DIXON, WILLIAM L.	1.2 NAME		
STREET ADDRESS	7 FAXON ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	FOXBORO MA	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	BAIRD, ROBERT R.	2.2 NAME		
STREET ADDRESS	380 CHURCH STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUXBURY MA	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	KLOPPER, JAMES J.	3.2 NAME		
STREET ADDRESS	69 VILLAGE STREET	3.3 STREET ADDRESS	27 Shipway Place	
CITY-ST-ZIP	S. EASTON MA	3.4 CITY-ST-ZIP	Charlestown, MA 02129	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	REINHART, FRANCIS E.	4.2 NAME		
STREET ADDRESS	32 ORNE STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	MARBLEHEAD MA	4.4 CITY-ST-ZIP		
TITLE	DC	5.1 TITLE		☐ Change ☐ Addition
NAME	ROSENSTEEL, JOHN W.	5.2 NAME		
STREET ADDRESS	13 GLEN OAK DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYLAND MA	5.4 CITY-ST-ZIP		
TITLE	DT	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, LEE R.	6.2 NAME		
STREET ADDRESS	11 WANDERS DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HINGHAM MA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James J. Klopper 1/16/95 (617) 526-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0393410 FP