

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 839137 (7)

1. Corporation Name

KEYPORT FINANCIAL SERVICES CORP.

Principal Place of Business

125 HIGH STREET
BOSTON MA 02110-2712

Mailing Address

125 HIGH STREET
BOSTON MA 02110-2712



3. Date Incorporated or Qualified

09/19/1977

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the corporation

(If Not a Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	DIXON, WILLIAM L.	
STREET ADDRESS	7 FAXON ST.	
CITY- ST- ZIP	FOXBORO MA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAIRD, ROBERT R.	
STREET ADDRESS	380 CHURCH STREET	
CITY- ST- ZIP	DUXBURY MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KLOPPER, JAMES J.	
STREET ADDRESS	27 SHIPWAY PLACE	
CITY- ST- ZIP	CHARLESTOWN MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REINHART, FRANCIS E.	
STREET ADDRESS	32 ORNE STREET	
CITY- ST- ZIP	MARBLEHEAD MA	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ROSENSTEEL, JOHN W.	
STREET ADDRESS	13 GLEN OAK DRIVE	
CITY- ST- ZIP	WAYLAND MA	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBERTS, LEE R.	
STREET ADDRESS	11 WANDERS DRIVE	
CITY- ST- ZIP	HINGHAM MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer
2.3 STREET ADDRESS	Rogelio Japlit
2.4 CITY- ST- ZIP	22 Liberty Lane
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Norwood MA 02062
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200001777932
4.3 STREET ADDRESS	-04/12/96--01016--023
4.4 CITY- ST- ZIP	***200.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Klopfer

02/06/96

(617)526-1613

CR2E034 (12/95)