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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 02110-2704



3. Date Incorporated or Qualified

09/19/1977

3a. Date of Last Report

04/11/1996

2. Principal Place of Business

2a. Mailing Address

21

Suite Apt # etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME DIXON, WILLIAM L.
STREET ADDRESS 7 FAXON ST.
CITY- ST- ZIP FOXBORO MA

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

TITLE PD ☒ DELETE
NAME BAIRD, ROBERT R.
STREET ADDRESS 380 CHURCH STREET
CITY- ST- ZIP DUXBURY MA

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME TREASURER
2.3 STREET ADDRESS ROGELIO P. JAPLIT
2.4 CITY- ST- ZIP 22 LIBERTY LANE
NORWOOD, MA

TITLE S ☐ DELETE
NAME KLOPPER, JAMES J.
STREET ADDRESS 27 SHIPWAY PLACE
CITY- ST- ZIP CHARLESTOWN MA

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

TITLE V ☐ DELETE
NAME REINHART, FRANCIS E.
STREET ADDRESS 32 ORNE STREET
CITY- ST- ZIP MARBLEHEAD MA

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

TITLE DC ☐ DELETE
NAME ROSENSTEEL, JOHN W.
STREET ADDRESS 13 GLEN OAK DRIVE
CITY- ST- ZIP WAYLAND MA

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

TITLE DT ☒ DELETE
NAME ROBERTS, LEE R.
STREET ADDRESS 11 WANDERS DRIVE
CITY- ST- ZIP HINGHAM MA

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VICE PRESIDENT
6.3 STREET ADDRESS JOHN ARANT III
6.4 CITY- ST- ZIP 21 GREENWOOD STREET
SHERBORN, MA

14. I do 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.

SIGNATURE:

Rogelio P. Japlit
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rogelio P. Japlit 4/17/97 (800)633-4500

Date

Daytime Phone # 0000189