

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90070 001 ***150.00

DOCUMENT # 839137

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1977

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

TITLE	A	<input type="checkbox"/> DELETE
NAME	TRUMAN, D A	
STREET ADDRESS	14 NATALIE AVE	
CITY-ST-ZIP	MELROSE MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JAPLIT, ROGELIO P	
STREET ADDRESS	22 LIBERTY LANE	
CITY-ST-ZIP	NORWOOD MA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KLOPPER, JAMES J.	
STREET ADDRESS	27 SHIPWAY PLACE	
CITY-ST-ZIP	CHARLESTOWN MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REINHART, FRANCIS E.	
STREET ADDRESS	32 ORNE STREET	
CITY-ST-ZIP	MARBLEHEAD MA	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ROSENSTEEL, JOHN W.	
STREET ADDRESS	13 GLEN OAK DRIVE	
CITY-ST-ZIP	WAYLAND MA	
TITLE	A	<input type="checkbox"/> DELETE
NAME	HLLMER, P T	
STREET ADDRESS	221 LINWOOD ST	
CITY-ST-ZIP	BROCKTON 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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/P/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BRYANT, DANIEL C.
4.3 STREET ADDRESS	1160 HIGH HAWK ROAD
4.4 CITY-ST-ZIP	E. GREENWICH RI
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D. -
5.3 STREET ADDRESS	HERSCHLER, JACOB M.
5.4 CITY-ST-ZIP	739 WORCESTER STREET WELLESLEY, MA
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D/A
6.3 STREET ADDRESS	HOLMAN, PAUL T.
6.4 CITY-ST-ZIP	221 LINWOOD STREET BROCKTON, MA

14. 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 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, with all other like empowered.

SIGNATURE:

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

4/6/99
Date

(617) 526-1557
Daytime Phone #

CR2E034 (1/98)