

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 839137**

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **04-2603954**Applied For
Not Applicable5. 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****C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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, 2001 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 **A** ☐ Delete
NAME **TRUMAN, D A**
STREET ADDRESS **14 NATALIE AVE**
CITY-ST-ZIP **MELROSE MA**TITLE **T** ☐ Delete
NAME **JAPLIT, ROGELIO P**
STREET ADDRESS **22 LIBERTY LANE**
CITY-ST-ZIP **NORWOOD MA**TITLE **DPS** ☐ Delete
NAME **KLOPPER, JAMES J.**
STREET ADDRESS **27 SHIPWAY PLACE**
CITY-ST-ZIP **CHARLESTOWN MA**TITLE **V** ☐ Delete
NAME **BRYANT, DANIEL C**
STREET ADDRESS **1160 HIGH HAWK ROAD**
CITY-ST-ZIP **E. GREENWICH RI**TITLE **D** ☒ Delete
NAME **HERSCHLER, JACOB M.**
STREET ADDRESS **739 WORCESTER STREET**
CITY-ST-ZIP **WELLESLEY MA**TITLE **DA** ☐ Delete
NAME **HOLMAN, PAUL T**
STREET ADDRESS **221 LINWOOD ST**
CITY-ST-ZIP **BROCKTON MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rogelio P. Japlit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGELIO P. JAPLIT

Date

3/28/01

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)