

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 PM 1:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 840936

(9)

1. Corporation Name

THE STUBBINS ASSOCIATES, INC.

Principal Place of Business

**1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138**

Mailing Address

**1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1978

3a. Date of Last Report

03/29/1994

4. FEI Number

04-2227079

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

2. Principal Place of Business

21

2a. Mailing Address

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	C. OSTBERG, RONALD
STREET ADDRESS	41 WARREN AVE.
CITY - ST - ZIP	HARVARD MA
TITLE	VD
NAME	KRAUS, MICHAEL
STREET ADDRESS	87 GARDNER ROAD
CITY - ST - ZIP	BROOKLINE MA
TITLE	VD
NAME	GOLDSTEIN, HOWARD E.
STREET ADDRESS	55 LONGMEADOW RD.
CITY - ST - ZIP	MILTON MA
TITLE	VDI
NAME	GOLDBERG, PHILIP J.
STREET ADDRESS	182 MAGAZINE ST.
CITY - ST - ZIP	CAMBRIDGE MA
TITLE	PD
NAME	GREEN, RICHARD
STREET ADDRESS	22 OAK ST.
CITY - ST - ZIP	MARBLEHEAD MA
TITLE	VD
NAME	HAMNER, W. EASLEY
STREET ADDRESS	3 ELLERY SQ.
CITY - ST - ZIP	CAMBRIDGE MA

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Simpson, Scott	
1.3 STREET ADDRESS	480 Rutland Road	
1.4 CITY - ST - ZIP	Carlisle, MA 01741	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Kraus, Michael	
2.3 STREET ADDRESS	87 Gardner Road	
2.4 CITY - ST - ZIP	Brookline, MA 02146	
3.1 TITLE	To Be Deleted	☒ Change ☐ Addition
3.2 NAME	(No Longer with Firm)	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	Pedersen, Roy	
4.3 STREET ADDRESS	One Harris Street	
4.4 CITY - ST - ZIP	Marblehead, MA 01945	
5.1 TITLE	CD	☒ Change ☐ Addition
5.2 NAME	Green, Richard	
5.3 STREET ADDRESS	22 Oak Street	
5.4 CITY - ST - ZIP	Marblehead, MA 01945	
6.1 TITLE	PD	☒ Change ☐ Addition
6.2 NAME	Hamner, W. Easley	
6.3 STREET ADDRESS	3 Ellery Square	
6.4 CITY - ST - ZIP	Cambridge, MA 02138	

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 607.0304, 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:

Philip J. Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Philip J. Goldberg

03/21/95

Date

(617) 491-6450

Daytime Phone