

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 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90047 045 \*\*\*150.00

**DOCUMENT # 840936**

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**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME C. OSTBERG, RONALD  
STREET ADDRESS 41 WARREN AVE.  
CITY-ST-ZIP HARVARD MA

1.1 TITLE VD ☐ Change ☒ Addition  
1.2 NAME Peter Blewett  
1.3 STREET ADDRESS 266 Perkins Row  
1.4 CITY-ST-ZIP Topsfield, MA

TITLE VT ☐ DELETE  
NAME GATES, JOSEPH  
STREET ADDRESS 870 HURLCROFT ROAD  
CITY-ST-ZIP MILTON MA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SIMPSON, SCOTT  
STREET ADDRESS 480 RUTLAND ROAD  
CITY-ST-ZIP CARLISLE MA

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

TITLE VD ☐ DELETE  
NAME BEYER, JAMES E  
STREET ADDRESS ONE HERRICK ST  
CITY-ST-ZIP WINCHESTER MA

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

TITLE CD ☐ DELETE  
NAME GREEN, RICHARD  
STREET ADDRESS 22 OAK ST.  
CITY-ST-ZIP MARBLEHEAD MA

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

TITLE PD ☐ DELETE  
NAME HAMNER, W. EASLEY  
STREET ADDRESS 3 ELLERY SQ.  
CITY-ST-ZIP CAMBRIDGE MA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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. When an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-99 617491-6450

CR2E034 (11/98)

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