

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**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90077 042 \*\*\*150.00

**DOCUMENT # 843130**

1. Corporation Name

**SOUTHEAST CARLSON ASSOCIATES, INC.**

Principal Place of Business

**3 SPEEN STR  
STE 410  
FRAMINGHAM MA 01701  
US**

Mailing Address

**3 SPEEN STR  
STE 410  
FRAMINGHAM MA 01701  
US**

2. Principal Place of Business

**21 959 Concord street  
Suite, Apt. #, etc.  
22 2nd Floor**

**23 Framingham, MA**

**24 01701 25 USA**

2a. Mailing Address

**26 959 Concord Street  
Suite, Apt. #, etc.  
27 2nd Floor**

**28 Framingham, MA**

**29 01701 30 USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**04/27/1979**

4. FEI Number

**04-2263310**

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

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 ☐ DELETE

**PD  
NAME HUNTER, DANIEL  
STREET ADDRESS 3 SPEEN STREET  
CITY-ST-ZIP FRAMINGHAM MA 01701**

TITLE ☐ DELETE

**VTD  
NAME JOHNSON, WILLIAM R  
STREET ADDRESS 3 SPEEN STREET  
CITY-ST-ZIP FRAMINGHAM MA 01701**

TITLE ☐ DELETE

**VD  
NAME FRASER, WILLIAM  
STREET ADDRESS 3 SPEEN STREET  
CITY-ST-ZIP FRAMINGHAM MA 01701**

TITLE ☐ DELETE

**V  
NAME HEALTY, KEVIN  
STREET ADDRESS 3 SPEEN STREET  
CITY-ST-ZIP FRAMINGHAM MA 01701**

TITLE ☐ DELETE

**S  
NAME KRAUSS, STEPHEN  
STREET ADDRESS 3 SPEEN STREET  
CITY-ST-ZIP FRAMINGHAM MA 01701**

TITLE ☐ DELETE

**V  
NAME MELAS, GEORGE  
STREET ADDRESS 1231 GREENWAY DRIVE  
CITY-ST-ZIP IRVING TX 75038**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**12 NAME  
13 STREET ADDRESS 959 Concord Street, 2nd Floor  
14 CITY-ST-ZIP Framingham, MA 01701**

2.1 TITLE ☒ Change ☐ Addition

**22 NAME  
23 STREET ADDRESS 959 Concord Street, 2nd Floor  
2.4 CITY-ST-ZIP Framingham, MA 01701**

3.1 TITLE ☒ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS 959 Concord Street, 2nd Floor  
3.4 CITY-ST-ZIP Framingham, MA 01701**

4.1 TITLE ☒ Change ☐ Addition

**4.2 NAME Kevin Healey  
4.3 STREET ADDRESS 959 Concord Street, 2nd Floor  
4.4 CITY-ST-ZIP Framingham, MA 01701**

5.1 TITLE ☒ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS 959 Concord Street, 2nd Floor  
5.4 CITY-ST-ZIP Framingham, MA 01701**

6.1 TITLE ☒ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS 959 Concord Street, 2nd Floor  
6.4 CITY-ST-ZIP Framingham, MA 01701**

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:

**Stephen Krauss**

2/1/99

508-370-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0544353

CR2E034 (11/98)