

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 843356</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                             |  |
| 1. Entity Name<br>U.S. BOSTON CAPITAL CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                              |  |
| Principal Place of Business<br>LINCOLN NORTH/ 55 OLD BEDFORD RD<br>LINCOLN, MA 01773                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br>LINCOLN NORTH/ 55 OLD BEDFORD RD<br>LINCOLN, MA 01773                                     |  |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 01102004 No Chg-P CR2E034 (10/03)                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 4. FEI Number<br>04-2464763                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | Applied For<br>Not Applicable                                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                              |  |
| THE PRENTICE-HALL CORPORATION SYSTEM INC.<br>1201 HAYS STREET<br>SUITE 105<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>DO NOT WRITE IN THIS SPACE</b>                                                                            |  |
| 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                              |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | U000000036841<br>02/06/04-80075-005 150.00                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | D<br>UMPHREY, WILLARD L<br>LINCOLN NORTH, 55 OLD BEDFORD RD<br>LINCOLN, MA 01773                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | VTD<br>OKUROWSKI, LEON<br>LINCOLN N 55 OLD BEDFORD<br>LINCOLN, MA                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | S<br>HIGGINS, CAROL A.<br>LINCOLN N 55 OLD BEDFORD<br>LINCOLN, MA                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | P<br>MARIUS, FREDERICK S<br>LINCOLN N 55 OLD BEDFORD RD<br>LINCOLN, MA 01773                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered |  |                                                                                                              |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 2/2/2004 781 259 1144                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Date Day/Mo/Yr Phone #                                                                                       |  |