## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 843356** 

Entity Name: U.S. BOSTON CAPITAL CORPORATION

FILED Feb 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN, MA 01773 55 OLD BEDFORD RD LINCOLN, MA 01773

Current Mailing Address: New Mailing Address:

LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN, MA 01773 55 OLD BEDFORD RD LINCOLN, MA 01773 LINCOLN, MA 01773

FEI Number: 04-2464763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US

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:

Name: Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: TD (X) Change () Addition

Name: UMPHREY, WILLARD L
Address: LINCOLN NORTH, 55 OLD BEDFORD RD
City-St-Zip: LINCOLN, MA 01773

Name: UMPHREY, WILLARD L
Address: 55 OLD BEDFORD RD
City-St-Zip: LINCOLN, MA 01773

LINCOLN, MA 01773

Title: VTD ( ) Delete Title: VSD (X) Change ( ) Addition

Name: OKUROWSKI, LEON Name: OKUROWSKI, LEON
Address: LINCOLN N 55 OLD BEDFORD Address: LINCOLN N 55 OLD BEDFORD

City-St-Zip: LINCOLN, MA City-St-Zip: LINCOLN, MA 01773

Title: S ( ) Delete Title: S (X) Change ( ) Addition Name: HIGGINS, CAROL A., Name: LEON OKUROWSKI,

Address: LINCOLN N 55 OLD BEDFORD Address: 55 OLD BEDFORD
City-St-Zip: LINCOLN, MA City-St-Zip: LINCOLN, MA 01773

Title: P ( ) Delete Title: ( ) Change ( ) Addition

ELIZABETH, WATSON A Name:
48 PARKER STREET Address:
NORWELL, MA 02061 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON OKUROWSKI VP 02/27/2007