

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 845031

(4)

1. Corporation Name

AMERICAN MUTUAL CORPORATION

Principal Place of Business

**QUANNAPOWITT PKWY
WAKEFIELD MA 01880**

Mailing Address

**QUANNAPOWITT PKWY
WAKEFIELD MA 01880**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/22/1980

3a. Date of Last Report

01/25/1994

4. FEI Number

04-2459420

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
LEMIEUX, EDWARD
1 DREW CIRCLE
CHELMSFORD MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
MOOSSA, WALTER F
30 PLEASANT ST
ANDOVER MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DS
O'BRIEN, SANDRA
31 SPLIT ROCK ROAD
LYNN MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MCKINNEY, ROBERT
127 LOW ST.
NEWBURYPORT MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
MYERS, JOHN A.
114 KRISTEN DR.
CHELMSFORD MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**TD
SHAH, GREGORY
33 BEVERLY AVE.
SALEM NH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

**TD
SPUNZO, RALPH
71 AGRICULTURAL AVENUE
REHOBETH MA**

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 110.07(3)(d), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra MacGregor O'BRIEN

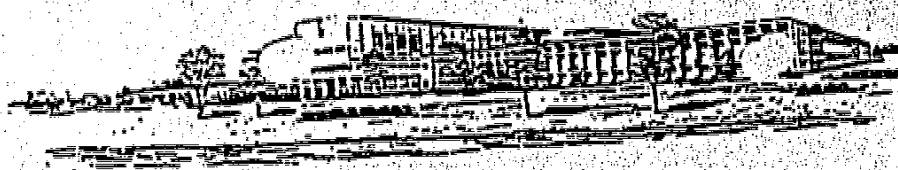
2/27/95

DATE

(617) 245-6000

TELEPHONE NUMBER

Secretary



AMERICAN MUTUAL CORPORATION

EXECUTIVE OFFICES
WAKEFIELD, MASSACHUSETTS 01880

TELEPHONE (617) 248-6000

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Edward Lemieux	Director	1 Drew Circle Chelmsford, MA 01824
Robert McKinney	Vice President & Director	127 Low Street Newburyport, MA 01950
Walter Moossa	Vice President & Director	30 Pleasant Street Andover, MA 01810
John A. Myers,	President & Director	114 Kristen Drive Chelmsford, MA 01824
Sandra MacGregor O'Brien	Clerk & Director	31 Split Rock Road Lynn, MA 01904
Ralph Spunzo	Director & Treasurer	71 Agricultural Avenue Rehobeth, MA 02769

BUSINESS ADDRESS FOR THE ABOVE OFFICERS AND DIRECTORS:

QUANNAPOWITT PARKWAY
WAKEFIELD, MA 01880