


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90547 004 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name 851364 CORBY CAPITAL MARKETS, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 10 HIGH STREET Suite, Apt. #, etc. SUITE 600 City & State BOSTON MA Zip 02110 Country USA		3. Mailing Address 10 HIGH STREET Suite, Apt. #, etc. SUITE 600 City & State BOSTON MA Zip 02110 Country USA	
		4. FEI Number 52-1037969	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CT CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
City PLANTATION FL Zip Code 33324			
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
PRESIDENT & CHAIRMAN MICHAEL J REILLY 30 CORWOOD DRIVE WESTON MA 02493			
EXEC VICE PRESIDENT & VICE CHAIRMAN ROBERT W. CORBY 400 SOUTH OCEAN BOULEVARD MANALAPAN FL 33462			
VP & SECRETARY / TREASURER SUSAN H KIRBY 122 LINCOLN STREET NORWELL MA 02061			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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)(i), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: Susan Kirby		Date 1/15/03 Daytime Phone # 617-482-8780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (12/02)