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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 857243 (0)

1. Corporation Name  
HELMSMAN MANAGEMENT SERVICES, INC.

Principal Place of Business

175 BERKELEY ST  
BOSTON MA 02117  
US

Mailing Address

175 BERKELEY ST  
BOSTON MA 02116-5086  
US



3. Date Incorporated or Qualified

07/28/1983

3a. Date of Last Report

06/10/1996

4. FEI Number

04-2791584

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 9 RIVERSIDE ROAD

Suite, Apt. #, etc.

22 City & State  
23 WESTON, MA

Zip

24 MA

Country

25 U.S.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

Zip

29

Country

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

NAME  
PD KELLY, EDMUND F.  
STREET ADDRESS  
315 WELLESLEY ST  
CITY- ST- ZIP  
WESTON MA

TITLE ☒ DELETE

NAME  
V BROCK, KENNETH D.  
STREET ADDRESS  
90 HIGHLAND ST  
CITY- ST- ZIP  
MILFORD MA

TITLE ☐ DELETE

NAME  
VS GILVAR, BARRY S.  
STREET ADDRESS  
11 CLARENCE RD  
CITY- ST- ZIP  
WAYLAND MA

TITLE ☐ DELETE

NAME  
VI WILLIAMS, ELLIOT  
STREET ADDRESS  
11 HICKORY LANE N  
CITY- ST- ZIP  
READING MA

TITLE ☐ DELETE

NAME  
AS PUGH, JAMES R.  
STREET ADDRESS  
65 COLBURN RD  
CITY- ST- ZIP  
WELLESLEY MA

TITLE ☐ DELETE

NAME  
V LEDDY, AMY J.  
STREET ADDRESS  
31 JODIE RD  
CITY- ST- ZIP  
FRAMINGHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do 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.

SIGNATURE:

*Amy Leddy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 (617) 243-7985  
Date Daytime Phone

CR2E034 (9/96)