

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002779

1. Corporation Name

STATE STREET RESEARCH & MANAGEMENT COMPANY

Principal Place of Business

ONE FINANCIAL CENTER, 30TH FLOOR
BOSTON MA 02111

Mailing Address

ONE FINANCIAL CENTER, 30TH FLOOR
BOSTON MA 02111

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2000

5. FEI Number

13-3142135

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC	DAVIS, RICHARD S	ONE FINANCIAL CENTER, 31ST FLOOR	BOSTON MA 02111
V	ABBOTT, CHRISTOPHER C	ONE FINANCIAL CENTER, 30TH FLOOR	BOSTON MA 02111
VP	WEISS, JAMES GOODWIN, C KIM	ONE FINANCIAL CENTER, 31ST FLOOR	BOSTON MA 02111
VP-D	ROMICH, DOUGLAS A LOMBARDO, JOHN S	ONE FINANCIAL CENTER, 30TH FLOOR	BOSTON MA 02111
VS	MCNAMARA, FRANCIS J III	ONE FINANCIAL CENTER, 30TH FLOOR 32ND	BOSTON MA 02111
V	PANNELL, JAMES G STRELOW, DAN R	ONE FINANCIAL CENTER, 30TH FLOOR 32ND	BOSTON MA 02111

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS J. MCNAMARA, III

Date

Daytime Phone #

617-357-1397

10/24/02

CR2040 (8/02)



STATE STREET RESEARCH

& MANAGEMENT COMPANY

ONE FINANCIAL CENTER • BOSTON, MA 02111-2690
PHONE: 617-357-1200

November 8, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: State Street Research & Management Company #F00000002779

Ladies and Gentlemen:

Enclosed please find the Application for Reinstatement for the above referenced entity. We did not receive the two prior uniform business report notices. Therefore, please find a check in the amount of \$150.00 to cover the filing fee.

Would you please acknowledge receipt of the enclosed by stamping the enclosed copy of this Application for Reinstatement and returning it to me in the enclosed self addressed envelope.

Please feel free to contact me if you have any questions or need any further information. My direct dial number is (617) 357-1369.

Sincerely,

Francis J. McNamara, III

Enclosures

cc: Sherry Rauseo