

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90015 034 ***158.75

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1. Entity Name
JOHN HEWITT & ASSOCIATES, INC.



Principal Place of Business
120 EXCHANGE STREET, 3RD FLOOR
PORTLAND, ME 04101

Mailing Address
120 EXCHANGE STREET, 3RD FLOOR
PORTLAND, ME 04101

54010564



01222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0414531

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, DREW F
STREET ADDRESS	120 EXCHANGE STREET, 3RD FLOOR
CITY-ST-ZIP	PORTLAND, ME 04101
TITLE	V
NAME	RILEY, KEVIN A
STREET ADDRESS	120 EXCHANGE STREET, 3RD FLOOR
CITY-ST-ZIP	PORTLAND, ME 04101
TITLE	T
NAME	MEINTEL, CHARLES H
STREET ADDRESS	120 EXCHANGE STREET, 3RD FLOOR
CITY-ST-ZIP	PORTLAND, ME 04101
TITLE	S
NAME	DAIGLE, JENNIFER L
STREET ADDRESS	120 EXCHANGE STREET 3RD FLOOR
CITY-ST-ZIP	PORTLAND, ME 04101
TITLE	D
NAME	SCHEPPIN, JAMES E WOLAK, DANIEL L.
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD, CT 069040300
TITLE	D
NAME	WEST, THOMAS M
STREET ADDRESS	695 EAST MAIN STREET
CITY-ST-ZIP	STAMFORD, CT 069040300

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #