

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000004321

FILED
Oct 25, 2004
Secretary of State

Entity Name: HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.

Current Principal Place of Business:

200 CLARENDON STREET
BOSTON, MA 02116

New Principal Place of Business:

Current Mailing Address:

200 CLARENDON STREET
BOSTON, MA 02116

New Mailing Address:

FEI Number: 04-3413445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: CONNORS JR, JOHN M
Address: 200 CLARENDON STREET
City-St-Zip: BOSTON, MA

Title: VD () Delete
Name: NORBERG, JOSEPH E
Address: 200 CLARENDON STREET
City-St-Zip: BOSTON, MA

Title: TAS () Delete
Name: MELLIN, JONATHAN B
Address: 200 CLARENDON STREET
City-St-Zip: BOSTON, MA

Title: V () Delete
Name: CONTE, ALBERT
Address: 136 MADISON AVE.
City-St-Zip: NEW YORK, NY

Title: V () Delete
Name: MASON, ARTHUR M
Address: 136 MADISON AVE.
City-St-Zip: NEW YORK, NY

Title: AT () Delete
Name: BERNS, STEVEN D
Address: 136 MADISON AVE.
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN B MELLIN

TAS

10/25/2004

Electronic Signature of Signing Officer or Director

_____ Date