


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F01000004703</b>						<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b> <b>REINSTATEMENT</b> <b>05 DEC 29 PM 4:45</b> <b>05</b>	
<b>1. Entity Name</b> SHEPLEY BULFINCH RICHARDSON AND ABBOTT INCORPORATED				<b>Principal Place of Business</b> 40 BROAD STREET BOSTON, MA 02109-4306			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b> 40 BROAD STREET BOSTON, MA 02109-4306			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>4. FEI Number</b> 04-2504672				<b>Applied For</b> <input type="checkbox"/> Not Applicable			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code			
<b>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.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b> <i>Kristen Betzger</i>  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Kristen Betzger</b>  <b>Vice President</b> </div> <div style="width: 20%; text-align: right;"> <b>DATE</b> </div> </div>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ERICSON, ELIZABETH S 40 BROAD ST. BOSTON, MA	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>0000624E8880</b> <b>12/29/05--01019--009 **150.00</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> BELL JR, PAUL E 40 BROAD ST. BOSTON, MA	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> JACKSON, RALPH T 40 BROAD ST. BOSTON, MA	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>							
<b>SIGNATURE:</b> <i>Paul Bell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>Officer</i> <small>Date</small>			
Date				Daytime Phone # <i>617-4231700</i>			

KDS 12/29