

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004703

FILED
Jan 03, 2008
Secretary of State

Entity Name: SHEPLEY BULFINCH RICHARDSON AND ABBOTT INCORPORATED

Current Principal Place of Business:

2 SEAPORT LANE
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

2 SEAPORT LANE
BOSTON, MA 02210

New Mailing Address:

FEI Number: 04-2504672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: KEARNS, THOMAS D
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: BAKER, GARROLD E
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: WATSON, ANGELA
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: ALIBER, JENNIFER
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

Title: D () Delete
Name: TWOMEY, TIMOTHY CAO
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

Title: O () Delete
Name: HUGHES, EDWARD P CFO
Address: 2 SEAPORT LANE
City-St-Zip: BOSTON, MA 02210 US

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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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 exemption stated in Chapter 119, 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: EDWARD P. HUGHES

CFO

01/03/2008

Electronic Signature of Signing Officer or Director

Date