

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003806 1. Entity Name FTM SERVICE CORP.						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.5em; margin-bottom: 5px;">04 APR 20 PM 4: 11</div> <div style="font-size: 0.8em; margin-bottom: 5px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>				
Principal Place of Business 82 DEVONSHIRE STREET BOSTON, MA 02109		Mailing Address 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.								
City & State		City & State								
Zip	Country	Zip	Country	4. FEI Number 04-3002496		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name						
				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	
				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 _____				DATE _____						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME	P COOKE, RUSSELL	<input type="checkbox"/> Delete		TITLE NAME	Director Laurel M. Watts			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	82 Devonshire Street Boston, MA 02109					
TITLE NAME	S FREEDMAN, JAY	<input type="checkbox"/> Delete		TITLE NAME	000035726688			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	05/06/04--01078--011 **150.00					
TITLE NAME	CFO SIMONS, HILARY A	<input checked="" type="checkbox"/> Delete		TITLE NAME	Treasurer Karen Hammond			<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	82 Devonshire Street Boston, MA 02109					
TITLE NAME	AC STURDY, SUSAN	<input type="checkbox"/> Delete		TITLE NAME	Director Jack L. Conrad			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	82 Devonshire Street Boston, MA 02109					
TITLE NAME	D LIGHT, MICHAEL R	<input type="checkbox"/> Delete		TITLE NAME	Director Robert M. Gervis			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	82 Devonshire Street Boston, MA 02109					
TITLE NAME	D MURPHY, EDMUND F	<input checked="" type="checkbox"/> Delete		TITLE NAME	Director Paul L. Mucci			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP	82 DEVONSHIRE STREET BOSTON, MA 02109			STREET ADDRESS CITY-ST-ZIP	82 Devonshire Street Boston, MA 02109					
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 a copy of the filing, with all other like empowered.										
SIGNATURE: _____				Jay Freedman, Clerk		4-16-04		(617) 563-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #				

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