

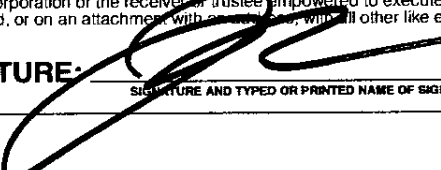


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003806 1. Entity Name FTM SERVICE CORP.						FILED 04 APR 20 PM 4:11 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
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		4. FEI Number 04-3002496		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip		Country		Zip		Country	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE							
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 STREET ADDRESS CITY-ST-ZIP	P COOKE, RUSSELL 82 DEVONSHIRE STREET BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laurel M. Watts 82 Devonshire Street Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000035726688 05/06/04--01078--011 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SIMONS, HILARY A 82 DEVONSHIRE STREET BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Karen Hammond 82 Devonshire Street Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC STURDY, SUSAN 82 DEVONSHIRE STREET BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jack L. Conrad 82 Devonshire Street Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, MICHAEL R 82 DEVONSHIRE STREET BOSTON, MA 02109	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert M. Gervis 82 Devonshire Street Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, EDMUND F 82 DEVONSHIRE STREET BOSTON, MA 02109	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul L. Mucci 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 an affidavit, with all other like empowered.							
SIGNATURE: 				Jay Freedman, Clerk			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4-16-04		Daytime Phone # (617) 563-7000	