

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000000878

1. Entity Name
STRATASEA MANAGEMENT GROUP, INC.



Principal Place of Business

**225 SOUTHAMPTON ST.
BOSTON, MA 02118**

Mailing Address

**225 SOUTHAMPTON ST.
BOSTON, MA 02118**

DO NOT WRITE IN THIS SPACE



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3408921

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STEVENS, WALLACE R
STREET ADDRESS	225 SOUTHAMPTON ST.
CITY - ST - ZIP	BOSTON, MA 02118
TITLE	TD
NAME	STAUFFER, JAMES W
STREET ADDRESS	225 SOUTHAMPTON ST.
CITY - ST - ZIP	BOSTON, MA 02118
TITLE	D
NAME	GORTON, MICHAEL C
STREET ADDRESS	225 SOUTHAMPTON ST.
CITY - ST - ZIP	BOSTON, MA 02118
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000170137
08/16/04-80003-005 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Stauffer

8/5/04
Date

617-442-5800
Daytime Phone #