

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2006  
Secretary of State**

DOCUMENT# F03000006185

**Entity Name:** TRUSTEES OF THE COLLEGE OF THE HOLY CROSS CORPORATION

**Current Principal Place of Business:**

1 COLLEGE STREET  
WORCESTER, MA 01610

**New Principal Place of Business:**

**Current Mailing Address:**

1 COLLEGE STREET  
WORCESTER, MA 01610

**New Mailing Address:**

1 COLLEGE STREET  
CONTROLLER'S OFFICE  
WORCESTER, MA 01610

FEI Number: 04-2103558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLASP INC.  
3001 TAMIAMI TRAIL N. 4TH FLOOR  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCFARLAND, MICHAEL C  
Address: 1 COLLEGE STREET  
City-St-Zip: WORCESTER, MA 01610

Title: VT ( ) Delete  
Name: DURGIN, WILLIAM R  
Address: 1 COLLEGE STREET  
City-St-Zip: WORCESTER, MA 01610

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V ( ) Change (X) Addition  
Name: LOCHHEAD, MICHAEL J  
Address: 1 COLLEGE STREET  
City-St-Zip: WORCESTER, MA 01610

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. DURGIN

VT

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date