

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90004 047 ***550.00

0115209

DOCUMENT # **F93000000978**

1. Corporation Name

PAM INC. OF DELAWARE



Principal Place of Business
**265 FRANKLIN ST., 15TH FL
BOSTON MA 02110**

Mailing Address
**265 FRANKLIN ST., 15TH FL
BOSTON MA 02110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1993

4. FEI Number

04-2829013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **RUBIN, BRUCE J**
STREET ADDRESS **265 FRANKLIN ST., 16TH FL**
CITY-ST-ZIP **BOSTON MA 02110**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPTS** ☐ DELETE
NAME **ARNOLD, WALTER V**
STREET ADDRESS **265 FRANKLIN ST., 15TH FL**
CITY-ST-ZIP **BOSTON MA 02110**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VPAT** ☐ DELETE
NAME **BROOKS, DAVID F**
STREET ADDRESS **265 FRANKLIN ST., 16TH FL**
CITY-ST-ZIP **BOSTON MA 02110**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **AS** ☐ DELETE
NAME **MACDONALD, LINDA Z**
STREET ADDRESS **265 FRANKLIN ST., 15TH FL**
CITY-ST-ZIP **BOSTON MA 02110**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **AT** ☐ DELETE
NAME **LEVINE, KENNETH**
STREET ADDRESS **1285 AVENUE OF AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10019**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FANCHER, TERRENCE E**
STREET ADDRESS **1285 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10019**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda Z. Macdonald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/12/99
Date

(617) 439-8135
Daytime Phone #

CR2E034 (5/99)