FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001575 (0)**

1. Corporation Name
J. MAKOWSKI (FLORIDA), INC.

Principal Place of Business	Mailing Address
ONE BOWDOIN SQUARE BOSTON MA 02114	ONE BOWDOIN SQUARE BOSTON MA 02114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1993	3a. Date of Last Report: 04/27/1994
4. FEI Number: 04-3194717	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Same	26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Same	City & State 28 Same
Zip / Country 24 Same / 25	Zip / Country 29 Same / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	RIVA, CARLOS A	12 NAME		
STREET ADDRESS	ONE BOWDOIN SQUARE	13 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02114	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, THOMAS R	22 NAME		
STREET ADDRESS	ONE BOWDOIN SQUARE	23 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02114	24 CITY-ST-ZIP		
TITLE	VS	31 TITLE		☒ Change ☐ Addition
NAME	HOWARD, WALTER Q	32 NAME		
STREET ADDRESS	ONE BOWDOIN SQUARE	33 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	02114	
TITLE	T	41 TITLE	VT	☒ Change ☐ Addition
NAME	COLEMAN, DAVID Y	42 NAME		
STREET ADDRESS	ONE BOWDOIN SQUARE	43 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02114	44 CITY-ST-ZIP		
TITLE	CD	51 TITLE	CD & CEO	☒ Change ☐ Addition
NAME	MAKOWSKI, JACEK	52 NAME		
STREET ADDRESS	ONE BOWDOIN SQUARE	53 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02114	54 CITY-ST-ZIP		
TITLE		61 TITLE	V	☐ Change ☒ Addition
NAME		62 NAME	LEONARD, JAMES H	
STREET ADDRESS		63 STREET ADDRESS	ONE BOWDOIN SQUARE	
CITY-ST-ZIP		64 CITY-ST-ZIP	BOSTON MA 02114	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: David Y. Coleman/Treasurer 2/17/95 617-227-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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J. Makowski (Florida), Inc.
Document #: F93000001575 (0)
FEI #: 04-194717

12. OFFICERS AND DIRECTORS CONTINUED (ALL ADDITIONAL):

Title:	V	Title:	ASST. T
Name:	EGAN, DOUGLAS F	Name:	DONOVAN, KEVIN J
Street Address:	ONE BOWDOIN SQUARE	Street Address:	ONE BOWDOIN SQUARE
City-St-Zip:	BOSTON MA 02114	City-St-Zip:	BOSTON MA 02114
Title:	V	Title:	ASST. T
Name:	FOSTER, JOHN H	Name:	BRADY, ANNE M
Street Address:	ONE BOWDOIN SQUARE	Street Address:	ONE BOWDOIN SQUARE
City-St-Zip:	BOSTON MA 02114	City-St-Zip:	BOSTON MA 02114
Title:	V	Title:	ASST. S
Name:	TERAJEWICZ, CHRIS J	Name:	RICH, SUZANNE
Street Address:	ONE BOWDOIN SQUARE	Street Address:	ONE BOWDOIN SQUARE
City-St-Zip:	BOSTON MA 02114	City-St-Zip:	BOSTON MA 02114
Title:	V		
Name:	GRUNBECK, GEORGE J		
Street Address:	ONE BOWDOIN SQUARE		
City-St-Zip:	BOSTON MA 02114		