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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F93000001891 (1)  
1. Corporation Name

CONTINENTAL WINGATE MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

75 CENTRAL STREET  
BOSTON MA 02109

75 CENTRAL STREET  
BOSTON MA 02109



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

4. FEI Number

04-3133695

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME BERMAN, MICHAEL D  
STREET ADDRESS 16 HAMMOND CIRCLE  
CITY-ST-ZIP SUDBURY MA

TITLE TD ☐ DELETE

NAME CALLAHAN, BRIAN E  
STREET ADDRESS 15 HICKORY DR.  
CITY-ST-ZIP MEDFIELD MA

TITLE VS ☐ DELETE

NAME GOODMAN, JEFFREY  
STREET ADDRESS 59TH WOODRIDGE WAY  
CITY-ST-ZIP WAYLAND MA

TITLE D ☐ DELETE

NAME SCHUSTER, GERALD  
STREET ADDRESS 132 YARMOUTH RD.  
CITY-ST-ZIP SUDBURY MA

TITLE VD ☒ DELETE

NAME SCHUSTER, TODD  
STREET ADDRESS 131 LAUREL RD.  
CITY-ST-ZIP CHESTNUT HILL MA

TITLE VD ☒ DELETE

NAME HALL, MARK  
STREET ADDRESS 75 CENTRAL ST  
CITY-ST-ZIP BOSTON MA

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Director  
Schuster, Todd  
75 Central St.  
Boston, MA 02109

VD  
Leff, Susan Winston  
75 Central St.  
Boston, MA 02109

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

*[Signature]*

4/17/98 617-574-9000

CR2E034 (10/97)