

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # F93000001946 (3)

1. Corporation Name

JMC INVESTORS (FLORIDA), INC.

95 MAY -1 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**ONE BOWDOIN SQUARE
BOSTON MA 02114
US**

Mailing Address

**ONE BOWDOIN SQUARE
BOSTON MA 02114
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
04/27/1994

2. Principal Place of Business

21 Same

2a. Mailing Address

26 Same

4. FEI Number
04-3194720

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

23 Same

28 Same

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24 02114

25

29 02114

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	MAKOWSKI, JACEK
STREET ADDRESS	ONE BOWDOIN SQUARE
CITY - ST - ZIP	BOSTON MA
TITLE	DP
NAME	RIVA, CARLOS A
STREET ADDRESS	ONE BOWDOIN SQUARE
CITY - ST - ZIP	BOSTON MA 02114
TITLE	V
NAME	SMITH, THOMAS T
STREET ADDRESS	ONE BOWDOIN SQUARE
CITY - ST - ZIP	BOSTON MA 02114
TITLE	VS
NAME	HOWARD, WALTER Q
STREET ADDRESS	ONE BOWDOIN SQUARE
CITY - ST - ZIP	BOSTON MA
TITLE	T
NAME	COLEMAN, DAVID Y
STREET ADDRESS	ONE BOWDOIN SQUARE
CITY - ST - ZIP	BOSTON MA 02114
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	DC & CEO	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	02114	
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	SMITH, THOMAS R	
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	02114	
5.1 TITLE	VT	☒ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☒ Addition
6.2 NAME	V JAMES H. LEONARD	
6.3 STREET ADDRESS	ONE BOWDOIN SQUARE	
6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Y. Coleman/Treasurer 2/17/95 617-227-8080

Title

Telephone Number

F93-61946

JMC Investors (Florida), Inc.
Document #: F9300001946 (3)
FEI #: 04-194720

12. OFFICERS AND DIRECTORS CONTINUED (ALL ADDITIONAL):

Title: V
Name: DOUGLAS F. EGAN
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: ASST. T
Name: KEVIN J. DONOVAN
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: V
Name: JOHN H. FOSTER
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: ASST. T
Name: ANNE M. BRADY
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: V
Name: J. CHRIS TERAJEWICZ
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: ASST. S
Name: SUZANNE RICH
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114

Title: V
Name: GEORGE J. GRUNBECK
Street Address: ONE BOWDOIN SQUARE
City-St-Zip: BOSTON MA 02114