

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000004129**

1. Entity Name

DAVID L. BABSON AND COMPANY, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90030 036 ***150.00

Principal Place of Business

Mailing Address

ONE MEMORIAL DRIVE, SUITE 1100
CAMBRIDGE MA 02142-300
USONE MEMORIAL DRIVE, SUITE 1100
CAMBRIDGE MA 02142-1313
US

A0015115



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-1054788**Applied For
Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WILKES, RICHARD B
C/O TRENAM, SIMMONS, ET AL.
101 E. KENNEDY BLVD., 2700 BARNETT PLAZA
TAMPA FL 33602

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, EDWARD L	
STREET ADDRESS	25 CABOT STREET	
CITY-ST-ZIP	WINCHESTER MA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAMES, LANCE F	
STREET ADDRESS	31 TICEHURST LANE	
CITY-ST-ZIP	MARBLEHEAD MA 01945	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MACALLEN, JAMES W	
STREET ADDRESS	128 JACOBS LANE	
CITY-ST-ZIP	NORWELL MA 02061	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	MCCORMICK, WALTER T	
STREET ADDRESS	1270 IVES ROAD	
CITY-ST-ZIP	GREENWICH RI 02818	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, EDWARD L	
STREET ADDRESS	25 CABOT STREET	
CITY-ST-ZIP	WINCHESTER MA 01890	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	O'BRIEN, STEPHEN B	
STREET ADDRESS	210 FARM ROAD	
CITY-ST-ZIP	SHERBORN MA 01770	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank L. Tarantino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frank L. Tarantino

1-14-00

Date

Daytime Phone #

617-761-3796