

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90062 010 ***150.00

DOCUMENT # F93000004129

1. Entity Name
DAVID L. BABSON AND COMPANY, INC.



Principal Place of Business
**ONE MEMORIAL DRIVE, SUITE 1100
CAMBRIDGE MA 02142-1300
US**

Mailing Address
**ONE MEMORIAL DRIVE, SUITE 1100
CAMBRIDGE MA 02142-1300
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-1054788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **REESE, STUART H**
STREET ADDRESS **45 DRUMLIN ROAD**
CITY-ST-ZIP **WEST SIMSBURY CT 06092**

TITLE **D** ☒ Change ☐ Addition
NAME **Reese, Stuart H.**
STREET ADDRESS **1295 State Street**
CITY-ST-ZIP **Springfield, MA 01111**

TITLE **CFOD** ☒ Delete
NAME **TARANTINO, FRANK L**
STREET ADDRESS **14 INGRAHAM ROAD**
CITY-ST-ZIP **WELLESLEY MA 02482**

TITLE **COO/COO** ☐ Change ☒ Addition
NAME **Glavin, William F, Jr.**
STREET ADDRESS **One Memorial Drive**
CITY-ST-ZIP **Cambridge, MA 02142**

TITLE **T** ☐ Delete
NAME **DUPONT, DEANNE B**
STREET ADDRESS **32 OLDHAM ROAD**
CITY-ST-ZIP **ARLINGTON MA 02174**

TITLE **T/M** ☒ Change ☐ Addition
NAME **Dupont, DeAnne B.**
STREET ADDRESS **One Memorial Drive**
CITY-ST-ZIP **Cambridge, MA 02142**

TITLE **D** ☐ Delete
NAME **MCCLINTOCK, KEVIN M**
STREET ADDRESS **38 MAUGUS AVENUE**
CITY-ST-ZIP **WELLESLEY MA 02481**

TITLE **D/M** ☒ Change ☐ Addition
NAME **McClintock, Kevin M.**
STREET ADDRESS **One Memorial Drive**
CITY-ST-ZIP **Cambridge, MA 02142**

TITLE **D** ☐ Delete
NAME **LIGUORI, ROBERT**
STREET ADDRESS **10 POWERS DRIVE**
CITY-ST-ZIP **WILBRAHAM MA 01095**

TITLE **D** ☒ Change ☐ Addition
NAME **Liguori, Robert**
STREET ADDRESS **1295 State Street**
CITY-ST-ZIP **Springfield, MA 01111**

TITLE **D** ☐ Delete
NAME **JOYAL, ROBERT E**
STREET ADDRESS **949 GLENDALE ROAD**
CITY-ST-ZIP **WILBRAHAM MA 01095**

TITLE **D/P** ☒ Change ☐ Addition
NAME **Joyal, Robert E.**
STREET ADDRESS **1500 Main Street**
CITY-ST-ZIP **Springfield, MA 01115**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DeAnne B. Dupont
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeAnne B. Dupont

4-28-03
Date

617-761-3817
Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

04/28/03

F930000004129

DAVID L. BABSON & COMPANY INC.

Principal Executive Officers and Directors

<u>Title</u>	<u>Name</u>	<u>Street Address*</u>	<u>City/State/Zip</u>
P/D	Robert E. Joyal	1500 Main Street	Springfield, MA 01115
T	DeAnne Dupont	One Memorial Drive	Cambridge, MA 02142
Clerk	Stephen L. Kuhn	1500 Main Street	Springfield, MA 01115
C/D	Stuart H. Reese	1295 State Street	Springfield, MA 01111
COO/CCO	William F. Glavin, Jr.	One Memorial Drive	Cambridge, MA 02142
M/D	Kevin M. McClintock	One Memorial Drive	Cambridge, MA 02142
D	Robert Liguori	1295 State Street	Springfield, MA 01111
M	Efrem Marder	1295 State Street	Springfield, MA 01111
M	Mary Wilson Kibbe	1295 State Street	Springfield, MA 01111
M	Roger W. Crandall	1295 State Street	Springfield, MA 01111
M	Kenneth L. Hargreaves	1295 State Street	Springfield, MA 01111

*Except for Ms. Dupont and Mr. McClintock, whose principal business address is One Memorial Drive, Cambridge, MA 02142, the principal business address for each Principal Executive Officer or Director is 1295 State Street, Springfield MA 01111.