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 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005184 (7)**

1. Corporation Name
FEDERAL PROPERTY SERVICES CORPS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% FIRST WINTHROP CORPORATION ONE INTERNATIONAL PLACE BOSTON MA 02110	% FIRST WINTHROP CORPORATION ONE INTERNATIONAL PLACE BOSTON MA 02110

3. Date Incorporated or Qualified: **11/16/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **04-3172483** ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 607.1509, 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 designating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	HALLERAN, ARTHUR J JR	12 NAME	
STREET ADDRESS	49 MILES RIVER ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON MA	14 CITY-ST-ZIP	
TITLE	TVPD	21 TITLE	☐ Change ☐ Addition
NAME	WEXLER, JONATHAN W	22 NAME	
STREET ADDRESS	21 PRINCE ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY MA	24 CITY-ST-ZIP	
TITLE	SVPD	31 TITLE	☐ Change ☐ Addition
NAME	MCCREADY, RICHARD J	32 NAME	
STREET ADDRESS	12 VALENTINE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	X Change ☐ Addition
NAME	CAUFIELD, MATTHEW P	42 NAME	TO BE DELETED
STREET ADDRESS	BOSTON HARBOR HOTEL	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change XX Addition
NAME		52 NAME	President Stephen G. Kasnet
STREET ADDRESS		53 STREET ADDRESS	One University Lane
CITY-ST-ZIP		54 CITY-ST-ZIP	Manchester, MA 01944
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: _____ Richard J. McCready 4/27/95 (617)330-8600
FLORIDA FIRST AND LAST NAME OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000000 CP