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 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005845 (3)**

1. Corporation Name
HPSC FUNDING CORP. I

Principal Place of Business	Mailing Address
470 ATLANTIC AVE. BOSTON MA 02210	470 ATLANTIC AVE. BOSTON MA 02210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/23/1993**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business
21: 60 STATE ST
Suite, Apt. #, etc.
22: 35TH FL
City & State
23: BOSTON MA
Zip
24: 02109-1803
Country
25: SUFFOLK

2a. Mailing Address
26: 60 STATE ST
Suite, Apt. #, etc.
27: 35TH FL
City & State
28: BOSTON MA
Zip
29: 02109-1803
Country
30: SUFFOLK

4. FEI Number: **04-3212153** ☐ 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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	EVERETS, JOHN JR	12 NAME	
STREET ADDRESS	36 HIGH ST.	13 STREET ADDRESS	72 CHESTNUT ST
CITY-ST-ZIP	BELMONT MA 02178	14 CITY-ST-ZIP	BOSTON MA 02129
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	DOHERTY, RAYMOND R	22 NAME	
STREET ADDRESS	242 CROSS ST.	23 STREET ADDRESS	
CITY-ST-ZIP	BELMONT MA 02178	24 CITY-ST-ZIP	
TITLE		31 TITLE	D ☐ Change ☒ Addition
NAME		32 NAME	JAMES W. TINLEY
STREET ADDRESS		33 STREET ADDRESS	21 GIBRALTER LANE
CITY-ST-ZIP		34 CITY-ST-ZIP	AVON, CT 06001
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
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 addition.

SIGNATURE: _____ Raymond R. Doherty 4/27/95 617-720-3600
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

000087 CP