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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:21

DOCUMENT # **F94000000009 (0)**

1. Corporation Name

HOLYOKE REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
ONE MONARCH PL. SPRINGFIELD MA 01133	ONE MONARCH PL. SPRINGFIELD MA 01133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1994	3a. Date of Last Report: Initial
4. FEI Number: 04-3129985	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	

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MEHLE, DAVID J	12 NAME	
STREET ADDRESS	ONE MONARCH PL.	13 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01133	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	VD ☒ Change ☐ Addition
NAME	MORRISON, ALBERT D JR	22 NAME	Morrison, Albert D., Jr.
STREET ADDRESS	ONE MONARCH PL.	23 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01133	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	SD ☒ Change ☐ Addition
NAME	COULTON, JOHN S	32 NAME	Coulton, John S.
STREET ADDRESS	ONE MONARCH PL.	33 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01133	34 CITY-ST-ZIP	
TITLE	VTD	41 TITLE	D ☒ Change ☐ Addition
NAME	MAJERUS, FRANCIS D	42 NAME	Majerus, Francis D.
STREET ADDRESS	ONE MONARCH PL.	43 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MA 01133	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	VTD ☐ Change ☒ Addition
NAME	WHITT, DAVID V	52 NAME	Humphrey, Larry M.
STREET ADDRESS	600 ATLANTIC AVE.	53 STREET ADDRESS	One Monarch Place
CITY-ST-ZIP	BOSTON MA 02210	54 CITY-ST-ZIP	Springfield, MA 01133
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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: David J. Mehle — David J. Mehle — 01/17/95 — (413) 784-7243

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0403307 FN