

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8: 50

DOCUMENT # F94000000010 (8)

1. Corporation Name

80 LAMBERTON ROAD, INC.

Principal Place of Business

ONE MONARCH PL.
SPRINGFIELD MA 01133

Mailing Address

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
04-3117946

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when nonresident)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MEHLE, DAVID J
STREET ADDRESS ONE MONARCH PL.
CITY- ST- ZIP SPRINGFIELD MA 01133

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE V
NAME MORRISON, ALBERT D JR
STREET ADDRESS ONE MONARCH PL.
CITY- ST- ZIP SPRINGFIELD MA 01133

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

VD
Morrison, Albert D., Jr.

☒ Change ☐ Addition

TITLE S
NAME COULTON, JOHN S
STREET ADDRESS ONE MONARCH PL.
CITY- ST- ZIP SPRINGFIELD MA 01133

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

SD
Coulton, John S.

☒ Change ☐ Addition

TITLE VTD
NAME MAJERUS, FRANCIS D
STREET ADDRESS ONE MONARCH PL.
CITY- ST- ZIP SPRINGFIELD MA 01133

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

D
Majerus, Francis, D.

☒ Change ☐ Addition

TITLE D
NAME WHITT, DAVID V
STREET ADDRESS 600 ATLANTIC AVE.
CITY- ST- ZIP BOSTON MA 02210

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

VTD
Humphrey, Larry M.
One Monarch Place
Springfield, MA 01133

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 SIGNING OFFICER OR DIRECTOR

Title

Telephone Number