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 MAR 24 PM 1:48

DOCUMENT # F94000000141 (1)

1. Corporation Name
JOHN K. DWIGHT ASSET MANAGEMENT COMPANY, INC.

Principal Place of Business	Mailing Address
% HILL & BARLOW ONE INTERNATIONAL PLACE BOSTON MA 02110	% HILL & BARLOW ONE INTERNATIONAL PLACE BOSTON MA 02110

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/11/1994
3a. Date of Last Report:

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

4. FEI Number: 04-3211048 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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	CPST	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KETTLE, FRANKLIN H	1.2 NAME	John K. Dwight	
STREET ADDRESS	65 COLCHESTER ROAD	1.3 STREET ADDRESS	125 College Street	
CITY-ST-ZIP	WESTON MA 02193	1.4 CITY-ST-ZIP	Burlington, Vt 05402	
TITLE	V	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PARK, WILLIAM H	2.2 NAME	David Richardson	
STREET ADDRESS	3 FORT SEWALL TERRANCE	2.3 STREET ADDRESS	125 College Street	
CITY-ST-ZIP	MARBLEHEAD MA 01945	2.4 CITY-ST-ZIP	Burlington, Vt 05402	
TITLE	V	3.1 TITLE	S	☒ Change ☐ Addition
NAME	BUDD, WILLIAM B	3.2 NAME	Patricia Gabel	
STREET ADDRESS	34 WEDGEMERE AVENUE	3.3 STREET ADDRESS	190 Main St. Box 190	
CITY-ST-ZIP	WINCHESTER MA 01890	3.4 CITY-ST-ZIP	Burlington Vt 05402	
TITLE		4.1 TITLE	T	☒ Change ☐ Addition
NAME		4.2 NAME	Harold Findlay	
STREET ADDRESS		4.3 STREET ADDRESS	125 College Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Burlington Vt 05402	
TITLE		5.1 TITLE	D	☒ Change ☐ Addition
NAME		5.2 NAME	Norton Reamer	
STREET ADDRESS		5.3 STREET ADDRESS	One International Place	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Boston MA 02110	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: John K Dwight 3/17/95 (802) 862-4170
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

John K Dwight

0000206 CP