2004 FOR PROFIT CORPORATION

FILED Mar 22, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F94000001902 SUFFOLK CONSTRUCTION COMPANY, INC. Mailing Address Principal Place of Business **65 ALLERTON STREET 65 ALLERTON STREET** BOSTON, MA 02119 BOSTON, MA 02119 03172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-2776356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PDT TITLE U00000093337 03/22/04-80013-024 150.00 FISH, JOHN F NAME STREET ADDRESS 65 ALLERTON STREET CITY-ST-ZIP BOSTON, MA vs TITLE MCDONOUGH, WALTER K NAME 95 EASTWOOD CIRCUIT STREET ADDRESS CITY-ST-ZIP WEST ROXBURY, MA vs TITLE FISH, EDWARD A NAME 65 ALLERTON ST STREET ADDRESS DO NOT WRITE BOSTON, MA CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

tioes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required Authority, Florida days made in Block 10 or Block 11 is a like empowered. 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver of tustee embowered to changed, or on an attachment bith an address with aboth

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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