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 FEB 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003506 (2)**

1. Corporation Name
OFFICE SPECIALISTS, INC.

Principal Place of Business	Mailing Address
107 AUDUBON ROAD, BLDG. 1, ENT. 3 CORPORATE PLACE 128 WAKEFIELD MA 01880	107 AUDUBON ROAD, BLDG. 1, ENT. 3 CORPORATE PLACE 128 WAKEFIELD MA 01880

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1994**
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **04-2457125** ☐ 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

HAMILTON, MARK
3400 LAKESIDE DR.
MIRAMAR FL 33027

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	CT	11 TITLE	☐ Change ☐ Addition
NAME	KOPLOW, RICHARD A	12 NAME	
STREET ADDRESS	107 AUDUBON ROAD, BLDG. 1, #3	13 STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD MA 01880	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	KOPLOW, FLORENCE	22 NAME	
STREET ADDRESS	107 AUDUBON ROAD, BLDG. 1, #3	23 STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD MA 01880	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	DERITO, LAWRENCE E	32 NAME	
STREET ADDRESS	107 AUDUBON ROAD, BLDG. 1, #3	33 STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD MA 01880	34 CITY-ST-ZIP	
TITLE		41 TITLE	S/V ☐ Change ☑ Addition
NAME		42 NAME	Whalen, Robert
STREET ADDRESS		43 STREET ADDRESS	107 Audubon RD
CITY-ST-ZIP		44 CITY-ST-ZIP	Wakefield, MA 01880
TITLE		51 TITLE	S/V ☐ Change ☑ Addition
NAME		52 NAME	McDonough, Patricia
STREET ADDRESS		53 STREET ADDRESS	107 Audubon RD
CITY-ST-ZIP		54 CITY-ST-ZIP	Wakefield, MA 01880
TITLE		61 TITLE	V ☐ Change ☑ Addition
NAME		62 NAME	Bartlett, Lawrence S.
STREET ADDRESS		63 STREET ADDRESS	107 Audubon RD
CITY-ST-ZIP		64 CITY-ST-ZIP	Wakefield, MA 01880

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: _____ 2/15/95 (617) 246-4900
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Lawrence S. Bartlett Sr VP & Corp. Controller

0473410 FP