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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000003977 (5)**

1. Corporation Name
LOOMIS SAYLES & COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
ONE FINANCIAL CENTER BOSTON MA 02111	ONE FINANCIAL CENTER BOSTON MA 02111-2621

3. Date Incorporated or Qualified: 07/29/1994
3a. Date of Last Report: 04/01/1996

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: 04-3200391 ☐ 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 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
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	D	☐ DELETE	11 TITLE	P/D	☒ Change ☐ Addition
NAME	BLANDING, ROBERT J		12 NAME	Robert J. Blanding	
STREET ADDRESS	3080 PACIFIC		13 STREET ADDRESS	3080 Pacific	
CITY-ST-ZIP	SAN FRANCISCO CA 94115		14 CITY-ST-ZIP	San Francisco, CA 94115	
TITLE	D	☒ DELETE	21 TITLE	T	☐ Change ☒ Addition
NAME	CASTELLINI, JEROME		22 NAME	Philip Murray	
STREET ADDRESS	643 WALDEN		23 STREET ADDRESS	10 Mercer Road	
CITY-ST-ZIP	WINNETKA IL 60093		24 CITY-ST-ZIP	Needham, MA 02194	
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FUSS, DANIEL J		32 NAME		
STREET ADDRESS	44 LONGFELLOW ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY MA 02181		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GREEN, ISAAC		42 NAME		
STREET ADDRESS	4125 STODDARD ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	WEST BLOOMFIELD MI 48323		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HOLLAND, MARK W		52 NAME		
STREET ADDRESS	55 CARISBROOKE ROAD		53 STREET ADDRESS		
CITY-ST-ZIP	WELLESLEY MA 02181		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MCMURTRIE, CAROL		62 NAME		
STREET ADDRESS	95 EL CIRCULO DRIVE		63 STREET ADDRESS		
CITY-ST-ZIP	PASADENA CA 91105		64 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Robert J. Blanding 4/23/97 617-482-2450