**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
Jun 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
**1998**

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
**ONE FINANCIAL CENTER**
**BOSTON MA 02111**

Mailing Address
**ONE FINANCIAL CENTER**
**BOSTON MA 02111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
**07/29/1994**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 officer, director or incorporator (if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | **PD** | ☐ DELETE | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | **BLANDING, ROBERT J** | | 1.2 NAME | Blanding, Robert J | |
| STREET ADDRESS | **3080 PACIFIC** | | 1.3 STREET ADDRESS | P.O Box 1789 | |
| CITY-ST-ZIP | **SAN FRANCISCO CA** | | 1.4 CITY-ST-ZIP | N/A Sonoma, ~~San Francisco~~, CA 94115 95476 | |
| TITLE | **T** | ☐ DELETE | 2.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | **MURRAY, PHILIP** | | 2.2 NAME | MURRAY, PHILIP R. | |
| STREET ADDRESS | **10 MERCER RD** | | 2.3 STREET ADDRESS | 453 Warren Street | |
| CITY-ST-ZIP | **NEEDHAM MA** 02192 | | 2.4 CITY-ST-ZIP | NEEDHAM, MA 02192 | |
| TITLE | **D** | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | **FUSS, DANIEL J** | | 3.2 NAME | | |
| STREET ADDRESS | **44 LONGFELLOW ROAD** | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | **WELLESLEY MA 02181** | | 3.4 CITY-ST-ZIP | | |
| TITLE | **D** | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | **GREEN, ISAAC** | | 4.2 NAME | | |
| STREET ADDRESS | **4125 STODDARD ROAD** | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | **WEST BLOOMFIELD MI 48323** | | 4.4 CITY-ST-ZIP | | |
| TITLE | **D** | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | **HOLLAND, MARK W** | | 5.2 NAME | | |
| STREET ADDRESS | **55 CARISBROOKE ROAD** | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | **WELLESLEY MA 02181** | | 5.4 CITY-ST-ZIP | | |
| TITLE | **D** | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | **MCMURTRIE, CAROL** | | 6.2 NAME | | |
| STREET ADDRESS | **95 EL CIRCULO DRIVE** | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | **PASADENA CA 91105** | | 6.4 CITY-ST-ZIP | | |

CR2E034 (10/97)

14. I 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 is an attachment with an address.

SIGNATURE: _____ 5/15/98