FILE NOW: FILING FEE AFTER MAY 1ST IS $000.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003977

1. Corporation Name

Loomis Sayles & Company, Incorporated

| Principal Place of Business | Mailing Address |
|---|---|
| One Financial Center<br>Boston, MA 02111 | One Financial Center<br>Boston, MA 02111 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1994

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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. 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 400003259734--2
05/19/00--01094--011

84 City ****10.00 85 Zip Code ****150.00

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 PD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Blanding, Robert J.<br>3080 Pacific<br>San Francisco, CA 94115 ☐ DELETE | 1.1 TITLE D<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | Cevallos, Mauricio<br>1033 Green Street<br>San Francisco, CA 94133 ☐ Change ☒ Addition |
| TITLE VP<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Sherba, Paul<br>one Financial Center<br>Boston, MA 02110 ☐ DELETE | 2.1 TITLE D<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | Millhouse, Michael J.<br>2665 County<br>Saukville, WI 53080 ☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Meade, Jeffrey L.<br>16 Samuel Parlin Drive<br>Acton, MA 01720 ☐ DELETE | 3.1 TITLE D<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | Newmark, Kent<br>316 Village View Court<br>Orinda, CA 94563 ☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Holland, Mark W.<br>55 Carrsbrooke Road<br>Wellesley, MA 02181 ☐ DELETE | 4.1 TITLE D<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | TYdings, George R.<br>Green Lane Farms Box 5082<br>Laytonsville, MD 20882 ☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Fuss, Daniel J.<br>44 Longfellow Road<br>Wellesley, MA 02181 ☐ DELETE | 5.1 TITLE D<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | Tichenor, Sandra P.<br>1045 Eastin Drive<br>Sonoma, CA 95476 ☐ Change ☒ Addition |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Green, Isaac<br>4125 Stoddard Road<br>West Bloomfield, MI 48323 ☐ DELETE | 6.1 TITLE D<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | Voss, Peter<br>302 Marlborough Street<br>Boston, MA 02116 KE ☐ Change ☒ Addition |

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** X Carl J. Sherba 4/28/00 617-482-2450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #