SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000001372 (0)

1. Corporation Name

CRB CO., INC.

Principal Place of Business	Mailing Address
399 BOYLSTON STREET BOSTON MA 02116	399 BOYLSTON STREET BOSTON MA 02116

3. Date Incorporated or Qualified: 03/22/1995
3a. Date of Last Report:
4. FEI Number: 04-3171930 ☐ Applied For ☐ Not Applicable

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

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

C T CORPORATION SYSTEM
1200 SOUTH 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
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		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change / Addition
TITLE	PCD	☐ DELETE	1.1 TITLE	P/C/D	☒ Change ☐ Addition
NAME	O'CONNER, JOSEPH W		1.2 NAME	O'CONNOR, JOSEPH W.	
STREET ADDRESS	399 BOYLSTON ST.		1.3 STREET ADDRESS	399 Boylston St.	
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COUGHLIN, DANIEL J		2.2 NAME		
STREET ADDRESS	399 BOYLSTON ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	TWINING, PETER P		3.2 NAME		
STREET ADDRESS	399 BOYLSTON ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	FLYNN, JAMES D		4.2 NAME	J. MICHAEL MCGILLIS	
STREET ADDRESS	399 BOYLSTON ST.		4.3 STREET ADDRESS	399 Boylston Street	
CITY-ST-ZIP	BOSTON MA		4.4 CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HERBST, PAMELA J		5.2 NAME		
STREET ADDRESS	399 BOYLSTON ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, KEVIN M		6.2 NAME		
STREET ADDRESS	399 BOYLSTON ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] PETER P. TWINING 7/12/96 617-578-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)