

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003681 (2)

1. Corporation Name

CONECO CORPORATION



Principal Place of Business

Mailing Address

SUITE 601
280 SUMMER STREET
BOSTON MA 02210

SUITE 601
280 SUMMER STREET
BOSTON MA 02210

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1995

3a. Date of Last Report

4. FEI Number

04-3109987

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PC

☐ DELETE

NAME

GILLIGAN, DONALD D

STREET ADDRESS

7 BEALS STREET

CITY - ST - ZIP

BROOKLINE MA 02146

TITLE

S

☐ DELETE

NAME

CONVISSEY, THEODORA S

STREET ADDRESS

613 PLEASANT STREET

CITY - ST - ZIP

BELMONT MA 02178

TITLE

VC

☐ DELETE

NAME

MAY, THOMAS J

STREET ADDRESS

107 MARGERY LANE

CITY - ST - ZIP

WESTWOOD MA 02090

TITLE

D

☒ DELETE

NAME

PETERS, CHARLES E JR

STREET ADDRESS

21 ARROWHEAD FARM

CITY - ST - ZIP

BOXFORD MA 01921

TITLE

D

☐ DELETE

NAME

ZIMBONE, RICHARD

STREET ADDRESS

10 WOODBURY DRIVE

CITY - ST - ZIP

NEEDHAM MA 02192

TITLE

T

☐ DELETE

NAME

MONAGLE, KEVIN M

STREET ADDRESS

11 VISTA ROAD

CITY - ST - ZIP

WELLESLEY MA 02181

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

D

☐ Change

☒ Addition

12 NAME

MICHAEL BOSSIN

13 STREET ADDRESS

240 EAST ST.

14 CITY - ST - ZIP

SHARON, MA 02067

2. TITLE

D

☐ Change

☒ Addition

22 NAME

ALISON ALLEN

23 STREET ADDRESS

10 SPARTAN AVE

24 CITY - ST - ZIP

MALDENHEAD, MA 01945

3. TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN MONAGLE, C.F.O. 4/23/96 617-369-7405

Date

Daytime Phone #

CR2E034 (12/95)