

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003681 (2)

1. Corporation Name

CONECO CORPORATION

Principal Place of Business

SUITE 601
260 SUMMER STREET
BOSTON MA 02210

Mailing Address

SUITE 601
260 SUMMER STREET
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, DONALD D	
STREET ADDRESS	7 BEALS STREET	
CITY-ST-ZIP	BROOKLINE MA 02146	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONVISSER, THEODORA S	
STREET ADDRESS	613 PLEASANT STREET	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAY, THOMAS J	
STREET ADDRESS	107 MARGERY LANE	
CITY-ST-ZIP	WESTWOOD MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOSSIN, MICHAEL	
STREET ADDRESS	240 EAST ST	
CITY-ST-ZIP	SHARON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIMBONE, RICHARD	
STREET ADDRESS	10 WOODBURY DRIVE	
CITY-ST-ZIP	NEEDHAM MA 02192	
TITLE	T	<input checked="" type="checkbox"/> 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

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN P. JUDGE	
1.3 STREET ADDRESS	34 SNYDER ROAD	
1.4 CITY-ST-ZIP	MEDFIELD, MA 02052	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PHILIPPE A. FRANCOIS	
2.3 STREET ADDRESS	37 COLBURN CRESSENT	
2.4 CITY-ST-ZIP	BROOKLINE, MA 02146	
3.1 TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVE BLACK	
4.3 STREET ADDRESS	53 FAIRVIEW STREET	
4.4 CITY-ST-ZIP	ROSLINDALE, MA 02131	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOE MORAN	
5.3 STREET ADDRESS	171 ASBURY STREET	
5.4 CITY-ST-ZIP	HAMILTON, MA 01982	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BERNIE M. BREITER	
6.3 STREET ADDRESS	25 SOUTH PINE DRIVE # 404	
6.4 CITY-ST-ZIP	DORCHESTER, MA 02125	

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.

SIGNATURE: *Bernie M. Breiter* *Bernie M. Breiter* TREASURER 3/11/98 617-737-6010

CR2E034 (10/97)

TO WHOM IT MAY CONCERN,

PLEASE NOTE THAT THE FOLLOWING ADDITIONAL DIRECTOR SHOULD BE REFLECTED
ON THE ACCOMPANYING FORM BUT IS LISTED HERE DUE TO SPACE CONSTRAINTS:

JAMES JUDGE
30 CUSHING HILL ROAD
HANOVER, MA 02339