

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003937 (8)**

1. Corporation Name  
**BANKVEST CAPITAL CORP.**

Principal Place of Business

**114 TURNPIKE RD.  
WESTBORO MA 01581**

Mailing Address

**114 TURNPIKE RD.  
WESTBORO MA 01581**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/15/1995**

2. Principal Place of Business

21 **200 Nickerson Road**

Suite, Apt. #, etc.

22 City & State

23 **Marlboro, MA**

Zip

24 **01752**

Country

25 **Worcester**

2a. Mailing Address

26 **200 Nickerson Road**

Suite, Apt. #, etc.

27 City & State

28 **Marlboro**

Zip

29 **01752**

Country

30 **Worcester**

4. FEI Number

**04-3124117**

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

**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 **VCFO**  
NAME **JACQUES, KELLIE D**  
STREET ADDRESS **38 WALKER ST**  
CITY-ST-ZIP **NEWTON MA**

☐ DELETE

TITLE **V**  
NAME **COLTON, JOHN P**  
STREET ADDRESS **141 COLE AVE.**  
CITY-ST-ZIP **PROVIDENCE RI 02906**

☐ DELETE

TITLE **V**  
NAME **SUTTON, CATHY F**  
STREET ADDRESS **216 MAIN ST.**  
CITY-ST-ZIP **MEDWAY MA 02053**

☐ DELETE

TITLE **VCFO**  
NAME **JACQUES, KELLIE D**  
STREET ADDRESS **384 OCEAN AVE., #711**  
CITY-ST-ZIP **REVERE MA 02151**

☒ DELETE

TITLE **V**  
NAME **CONLON, DENNIS J**  
STREET ADDRESS **289 MEETING HOUSE PATH**  
CITY-ST-ZIP **ASHLAND MA 01721**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **President**  
12 NAME **Grass, Paul S.**  
13 STREET ADDRESS **555 Concord Road**  
14 CITY-ST-ZIP **Sudbury, MA 01776**

☐ Change ☒ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ 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.

SIGNATURE:

*[Signature]*

**1-21-98**

CR2E034 (10/97)