

APR-13-2001 11:28

2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90163 018 \*\*\*150.00

DOCUMENT # F95000004377

1. Entity Name

J. L. HAMMETT COMPANY

Principal Place of Business

Mailing Address

PO Box 859057

PO Box 859057

BRAINTREE MASS 02185-9057

BRAINTREE

MASS 02185

A0066983

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

04-1413460

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
	HOLDEN, RICHMOND Y JR	ONE HAMMETT PLACE	BRAINTREE MASS 02185	<input type="checkbox"/>
	HOLDEN RICHMOND Y, JR	ONE HAMMETT PLACE	BRAINTREE MASS 02184	<input type="checkbox"/>
	HOLDEN JEFFREY S	ONE HAMMETT PLACE	BRAINTREE MASS 02184	<input type="checkbox"/>
	DUBIN, ALVIN	ONE HAMMETT PLACE	BRAINTREE MASS 02184	<input type="checkbox"/>
	OLSON CARL E	ONE HAMMETT PLACE	BRAINTREE MASS 02184	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

*[Handwritten Signature]*

4/25/01

781-848-1002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number