

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90057 026 ***150.00

DOCUMENT # F95000004794 (2) ✓

1. Corporation Name
LIBERTY FINANCIAL ADVISORS, INC.

Principal Place of Business Mailing Address
One Financial Center One Financial Center
c/o Laurie Russell c/o Laurie Russell
Boston, MA 02111 Boston, MA 02111

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

04-3060249

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

2. Principal Place of Business

1 1 Financial Center

Suite, Apt. #, etc.

2 c/o Laurie Russell/11th Fl.

City & State

3 Boston, MA

Zip

4 02111

Country

25 USA

2a. Mailing Address

26 1 Financial Center

Suite, Apt. #, etc.

27 c/o Laurie Russell/11th Fl.

City & State

28 Boston, MA

Zip

29 02111

Country

30 USA

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 P
NAME O'Shea, Kevin L.
STREET ADDRESS One Financial Center
CITY-ST-ZIP Boston, MA 02111 ☐ DELETE

TITLE D
NAME Gibson, Stephen E.
STREET ADDRESS One Financial Center
CITY-ST-ZIP Boston, MA 02111 ☐ DELETE

TITLE D
NAME Scoon, Davey S.
STREET ADDRESS One Financial Center
CITY-ST-ZIP Boston, MA 02111 ☒ DELETE

TITLE D/S
NAME Conlin, Nancy L.
STREET ADDRESS One Financial Center
CITY-ST-ZIP Boston, MA 02111 ☐ DELETE

TITLE T
NAME Jacoby, Timothy J.
STREET ADDRESS One Financial Center
CITY-ST-ZIP Boston, MA 02111 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME John R. Cadigan ☐ Change ☒ Addition
1.3 STREET ADDRESS 1 Financial Center
1.4 CITY-ST-ZIP Boston, MA 02111 ☐ Change ☒ Addition

2.1 TITLE V
2.2 NAME Bruce Ripepi
2.3 STREET ADDRESS One Financial Center
2.4 CITY-ST-ZIP Boston, MA 02111 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Joseph R. Palombo
3.3 STREET ADDRESS One Financial Center
3.4 CITY-ST-ZIP Boston, MA 02111 ☐ Change ☒ Addition

4.1 TITLE V
4.2 NAME Deborah Young
4.3 STREET ADDRESS One Financial Center
4.4 CITY-ST-ZIP Boston, MA 02111 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy L. Conlin

Director and Secretary

4/27/99

617/772-3052

Date

Daytime Phone

0000885