

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90120 029 ***150.00

DOCUMENT # F95000005644

1. Corporation Name

CORCORAN MANAGEMENT COMPANY, INC.

Principal Place of Business

100 GRANDVIEW RD #207
BRAINTREE MA 02184

Mailing Address

100 GRANDVIEW RD #207
BRAINTREE MA 02184



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1995

4. FEI Number

04-2661810

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 the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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 D ☐ DELETE
NAME CORCORAN, P LEO
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

TITLE P ☒ DELETE
NAME PICKETTE, T ROBERT
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

TITLE D ☐ DELETE
NAME CORCORAN, JR JOHN M
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

TITLE D ☐ DELETE
NAME CORCORAN, THOMAS M
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

TITLE D ☐ DELETE
NAME CORCORAN, LEO J
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

TITLE D ☐ DELETE
NAME CORCORAN, JOHN F
STREET ADDRESS 100 GRANDVIEW RD
CITY-ST-ZIP BRAINTREE MA 02184

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

PLEASE SEE ADDITIONS TO BLOCK 13.
ON ATTACHED PAGE.

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/99 781-849-0011
Date Daytime Phone #

CR2E034 (11/98)

176842-90120-29
F95000005644

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

CORCORAN MANAGEMENT COMPANY, INC., DOC. #F95000005644

Continuation of Block 13.

The following names are ADDITIONS to Officers and Directors:

Title: T/S
Name: Lawrence J. Murphy
Street Address: 100 Grandview Road
City/State/Zip: Braintree, MA 02184

Title: D
Name: John M. Corcoran
Street Address: 100 Grandview Road
City/State/Zip: Braintree, MA 02184