

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F96000001156**

1. Corporation Name

**TNE INFORMATION SERVICES, INC.**

Principal Place of Business

**501 BOYLSTON STREET  
BOSTON MA 02117**

Mailing Address

**501 BOYLSTON STREET  
BOSTON MA 02117**

**FILED**  
**Aug 23, 1999 8:00 am**  
**Secretary of State**

08-23-1999 90009 038 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/06/1996**

4. FEI Number

**04-3222974**

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 the current year  
Intangible Personal Property. ☐ 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

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**CT 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 **PD** ☒ DELETE

NAME **ROSS, GREGORY A**  
STREET ADDRESS **169 GUGGINS LANE**  
CITY-ST-ZIP **BOXBOROUGH MA**

TITLE **S** ☐ DELETE

NAME **LIVINGSTON, MARY C**  
STREET ADDRESS **60 WHARF STREET**  
CITY-ST-ZIP **NAHANT MA**

TITLE **T** ☐ DELETE

NAME **MOODY JR, LEWIS R**  
STREET ADDRESS **226 NAHANT ROAD**  
CITY-ST-ZIP **NAHANT MA**

TITLE **CD** ☒ DELETE

NAME **SHAFTO, ROBERT A**  
STREET ADDRESS **526 GROVE STREET**  
CITY-ST-ZIP **NEEDHAM MA**

TITLE **D** ☒ DELETE

NAME **SCHNEIDER, ROBERT E**  
STREET ADDRESS **52 WESTMINSTER ROAD**  
CITY-ST-ZIP **NEWTON CENTRE MA**

TITLE **D** ☐ DELETE

NAME **WILSON, H J**  
STREET ADDRESS **25 CAROLINE PARK**  
CITY-ST-ZIP **NEWTON MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CPD** ☐ Change ☒ Addition

1.2 NAME **Anthony J. Candito**  
1.3 STREET ADDRESS **212 Old Barn Path**  
1.4 CITY-ST-ZIP **Marshfield, MA 02050**

2.1 TITLE **Assistant T.** ☐ Change ☒ Addition

2.2 NAME **Stephen J. Brash**  
2.3 STREET ADDRESS **332 East 84th Street**  
2.4 CITY-ST-ZIP **New York, NY 10029**

3.1 TITLE **Assistant T.** ☐ Change ☒ Addition

3.2 NAME **Leo R. Brown**  
3.3 STREET ADDRESS **20 Valley Road**  
3.4 CITY-ST-ZIP **Glen Rock, NJ 07452**

4.1 TITLE **Assistant T.** ☐ Change ☒ Addition

4.2 NAME **Gregory M. Harrison**  
4.3 STREET ADDRESS **10 Ann Drive N.**  
4.4 CITY-ST-ZIP **Freeport, NY 11520**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **Jay Lewis**  
5.3 STREET ADDRESS **525 Westend Avenue**  
5.4 CITY-ST-ZIP **New York, NY 10024**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Manuel S. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/15/99**

**417-578-2340**

Date

Daytime Phone #

0115248

CR2E034 (5/99)

**NEF**  
NEW ENGLAND FINANCIAL™  
A MetLife Affiliate

Chris-Anne Logue  
Paralegal  
(617) 578-4337  
E-Mail: Clogue@nefn.com

F96000001156  
608791-90009-38

July 19, 1999

Division of Corporations  
Annual Reports Filing  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**RE: TNE Information Services, Inc.**

Dear Sir/Madam:

Attached is a 1999 Profit Corporation Annual Report Form for filing with the State of Florida on behalf of TNE Information Services, Inc. Also attached is a check in the amount of \$550.00 to cover the filing fee plus a late fee.

Please note that our 1998 filing named three new "addition" in box 13. Two of the three are still active Directors, but did not appear on the current form for 1999. Therefore, I re-added them (Brash, Brown) in Box # 13.

Should you have any questions or if I can be of further assistance, please do not hesitate to contact me.

Very truly yours,



Chris-Anne Logue

/cal  
Enclosures

cc: [illegible]

501 BOYLSTON STREET  
BOSTON, MA 02116-3700  
T 617-578-2000