

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).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90010 042 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F96000005903

1. Corporation Name

FWI 1, INC.



Principal Place of Business

**197 EIGHTH ST
BOSTON MA 02129**

Mailing Address

**197 EIGHTH ST
BOSTON MA 02129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

13-3917811

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

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 | VST | <input checked="" type="checkbox"/> DELETE |
| NAME | CANNON, THOMAS J III | |
| STREET ADDRESS | 197 EIGHTH ST | |
| CITY-ST-ZIP | BOSTON MA 02129 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LAFIRE, ANTHONY | |
| STREET ADDRESS | 197 EIGHTH ST | |
| CITY-ST-ZIP | BOSTON MA 02129 | |
| TITLE | AST | <input checked="" type="checkbox"/> DELETE |
| NAME | MCGOVERN, PHILLIP E | |
| STREET ADDRESS | 85 LIVINGSTON ST | |
| CITY-ST-ZIP | ROSELAND NJ 07068 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JAMES V. CARUSO | |
| 1.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 1.4 CITY-ST-ZIP | New York, NY 10080-6114 | |
| 2.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | MICHAEL LURIE | |
| 2.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 2.4 CITY-ST-ZIP | New York, NY 10080-6114 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | GERARD M. HAUGH | |
| 3.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 3.4 CITY-ST-ZIP | New York, NY 10080-6114 | |
| 4.1 TITLE | VP/T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | JOSEPH S. VALENTI | |
| 4.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 4.4 CITY-ST-ZIP | New York, NY 10080-6114 | |
| 5.1 TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | FRANK MARINARO | |
| 5.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 5.4 CITY-ST-ZIP | New York, NY 10080-6114 | |
| 6.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | BERNARD MAY | |
| 6.3 STREET ADDRESS | 225 LIBERTY ST - 14 Floor | |
| 6.4 CITY-ST-ZIP | New York, NY 10080-6114 | |

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: *Gerard M. Haugh* **GERARD M. HAUGH 9/10/99 (212) 236-7581**

CR2E034 (5/99)