

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 032 ***150.00

DOCUMENT # F96000006009

1. Corporation Name
SAXET CORPORATION

Principal Place of Business
100 CHARLES PARK ROAD
WEST ROXBURY MA 02132

Mailing Address
100 CHARLES PARK ROAD
WEST ROXBURY MA 02132

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

4. FEI Number

36-2816664

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME MILLER, CRAIG S
STREET ADDRESS 100 CHARLES PARK ROAD
CITY-ST-ZIP WEST ROXBURY MA

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

TITLE D ☐ DELETE
NAME BROWN SR, ROBERT M
STREET ADDRESS 100 CHARLES PARK ROAD
CITY-ST-ZIP WEST ROXBURY MA

2.1 TITLE V, D ☒ Change ☐ Addition
2.2 NAME Robert M. Brown
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VT ☐ DELETE
NAME VINCENT, ROBERT M
STREET ADDRESS 100 CHARLES PARK ROAD
CITY-ST-ZIP WEST ROXBURY MA

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

TITLE V ☐ DELETE
NAME LIEVER, DAMON M
STREET ADDRESS 100 CHARLES PARK ROAD
CITY-ST-ZIP WEST ROXBURY MA

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

TITLE D ☐ DELETE
NAME SPENCER, AARON D
STREET ADDRESS 100 CHARLES PARK ROAD
CITY-ST-ZIP WEST ROXBURY MA

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

TITLE S ☐ DELETE
NAME CULLEN, MAGDALENE A
STREET ADDRESS 100 CHARLES PARK RD
CITY-ST-ZIP W ROXBURY MA

6.1 TITLE V, S ☐ Change ☐ Addition
6.2 NAME Allan Afrow
6.3 STREET ADDRESS 100 Charles Park Road
6.4 CITY-ST-ZIP West Roxbury, MA 02132

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

617-323-9200

Date

Daytime Phone #

CR2E034 (1/98)