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

**PROFIT** CORPORATION ANNUAL REPORT

HPSC CAPITAL FUNDING, INC.

Country

9. Name and Address of Current Registered Agent

25

1200 SOUTH PINE ISLAND ROAD

C T CORPORATION SYSTEM

PLANTATION FL 33324



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

**60 STATE STREET** BOSTON MA 02109

21

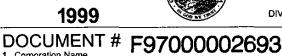
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Zip

1. Corporation Name



Mailing Address **60 STATE STREET** 

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

**SUITE 3520** BOSTON MA 02109

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## **FILED** May 04, 1999 8:00 am Secretary of State

05-04-1999 90042 002 \*\*\*150.00



3. Date Incorporated or Qu 05/21/1997  4. FEI Number 04-3366968  5. Certificate of Status Des  6. Election Campaign Fina	· <del>-</del> · ·		\$8.7	Applied For Not Applicable		
I. FEI Number 04-3366968 5. Certificate of Status Des	sired		\$8.7	Not Applicable		
04-3366968  5. Certificate of Status Des	sired		\$8.7	Not Applicable		
5. Certifcate of Status Des	sired		\$8.7			
	sired		\$8.7	75		
6. Election Campaign Fina				\$8.75 Additional Fee Required		
Trust Fund Contribution	_			\$5.00 May Be Added to Fees		
<ol> <li>This corporation owes the Personal Property Tax.</li> </ol>	he curre	ent yea	r Intangible Yes	Ľ No		
D. Name and Address of	New R	egiste	red Agent			

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.

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Country

Name

City

Street Address

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agont. r a	and terminal trial, and decopt the congulation				
SIGNATURE				d when reinstating) DATE	
	Signature, typed or printed name of registered agent an		Registered Agent signature require		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	PD	□ DELETE	1.1 TITLE	☐ Chang	e 🗌 Addition
NAME	EVERETS, JOHN W		1.2 NAME		
STREET ADDRESS	60 STATE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Chang	e   Addition
NAME	DOHERTY, RAYMOND R		2.2 NAME		
STREET ADDRESS	60 STATE STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	The second of th	
TITLE	D	☐ DELETE	3.1 TITLE	Chang	e Addition
NAME	EVERETS, A H		3.2 NAME		
STREET ADORESS	60 STATE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		3.4. CITY-ST-ZIP	. <u></u>	
TITLE	AT	☐ DELETE	4.1 TITLE	☐ Chang	e
NAME	KENNEY, RICHARD L.		4. 2 NAME		
STREET ADDRESS	60 STATE STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		4.4 CITY-ST-ZIP		
TITLE	AT	☐ DELET <b>É</b>	5.1 TITLE	☐ Chang	e 🔲 Addition
NAME	MCMAHON, DENNIS J.		5.2 NAME		
STREET ADDRESS	60 STATE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		5.4 CiTY-ST-ZIP		
TILE .		☐ DELETE	6.1 TITLE	Chang	e 🔲 Addition
NAME			6.2 NAME		
STREET ADDRESS	ł		6.3 STREET ADDRESS		
om/ or an '-E'	ì		64 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 or an attachment with an address, with all other like empowered.

SIGNATURE: x

Zip Code