

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 # **F97000006912**

1. Corporation Name

**SEGI, INC.**

Principal Place of Business

**324 CLARK STREET  
WORCESTER MA 01606**

Mailing Address

**324 CLARK STREET  
WORCESTER MA 01606**

**FILED**  
**Aug 27, 1999 8:00 am**  
**Secretary of State**

08-27-1999 90002 032 \*\*\*550.00

010030 - 90002 - 32



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/30/1997**

4. FEI Number

**65-0680352**

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

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

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 ☐ DELETE

**PCT**  
**NAME** DOWLING, MICHAEL  
**STREET ADDRESS** 3900 CORAL RIDGE DRIVE  
**CITY-ST-ZIP** CORAL SPRINGS FL 33065

TITLE ☐ DELETE

**VVC**  
**NAME** HARPLE, KENNETH  
**STREET ADDRESS** 3921 S.E. 26TH COURT ROAD  
**CITY-ST-ZIP** OCALA FL 34480

TITLE ☐ DELETE

**S**  
**NAME** ALMQUIST, JOEL D  
**STREET ADDRESS** ONE INTERNATIONAL PLACE  
**CITY-ST-ZIP** BOSTON MA 02110

TITLE ☐ DELETE

**D**  
**NAME** KISLAK, JONATHAN  
**STREET ADDRESS** 701 BRICKELL AVENUE  
**CITY-ST-ZIP** MIAMI FL 33131

TITLE ☐ DELETE

**D**  
**NAME** NICEWICZ, ROBERT  
**STREET ADDRESS** 129 MIDDLESEX TURNPIKE  
**CITY-ST-ZIP** BURLINGTON MA 01803

TITLE ☐ DELETE

**D**  
**NAME** SNAPE, EDWARD  
**STREET ADDRESS** ONE BOSTON PLACE SUITE 2100  
**CITY-ST-ZIP** BOSTON MA 02108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**Treasurer - VP of finance**  
**NAME** Jeffrey Lucas  
**STREET ADDRESS** 324 Clark St.  
**CITY-ST-ZIP** Worcester, MA 01606

2.1 TITLE ☐ Change ☒ Addition

**Chief Executive Officer - President**  
**NAME** Michael J. Ferrantino  
**STREET ADDRESS** 324 Clark St.  
**CITY-ST-ZIP** Worcester, MA 01606

3.1 TITLE ☐ Change ☒ Addition

**Assistant Treasurer**  
**NAME** Debra J. Belanger  
**STREET ADDRESS** 324 Clark St.  
**CITY-ST-ZIP** Worcester, MA 01606

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**

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: **Debra J. Belanger** **8/17/99** **608-852-5400**

CR2E034 (5/99)