

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  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90025 026 \*\*\*150.00

DOCUMENT # F98000000024

1. Corporation Name

WINTER, WYMAN CONTRACT SERVICES, INC.

Principal Place of Business

400-A TOTTEN POND RD  
WALTHAM MA 02154

Mailing Address

400-A TOTTEN POND RD  
WALTHAM MA 02154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

04-3193634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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 ☐ DELETE  
NAME PA LAFAVE, GARY  
STREET ADDRESS 400-A TOTTEN POND RD  
CITY-ST-ZIP WALTHAM MA 02154

TITLE ☒ DELETE  
NAME TD MELVILLE, DAVID  
STREET ADDRESS 400-A TOTTEN POND RD  
CITY-ST-ZIP WALTHAM MA 02154

TITLE ☒ DELETE  
NAME D MELVILLE, JOAN  
STREET ADDRESS 400-A TOTTEN POND RD  
CITY-ST-ZIP WALTHAM MA 02154

TITLE ☒ DELETE  
NAME V BOUDREAU, ROBERT E JR  
STREET ADDRESS 400-A TOTTEN POND RD  
CITY-ST-ZIP WALTHAM MA 02154

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, CEO ☐ Change ☒ Addition  
1.2 NAME Edward P. Drudge, Jr.  
1.3 STREET ADDRESS 6302 Fairview Rd., Suite 201  
1.4 CITY-ST-ZIP Charlotte NC 28210

2.1 TITLE DIV/S ☐ Change ☒ Addition  
2.2 NAME Ken R. Bramlett, Jr.  
2.3 STREET ADDRESS 6302 Fairview Rd., Suite 201  
2.4 CITY-ST-ZIP Charlotte NC 28210

3.1 TITLE DIV/TIAS ☐ Change ☒ Addition  
3.2 NAME James C. Hunt  
3.3 STREET ADDRESS 6302 Fairview Rd., Suite 201  
3.4 CITY-ST-ZIP Charlotte NC 28210

4.1 TITLE V/AS ☐ Change ☒ Addition  
4.2 NAME William T. McCarthy  
4.3 STREET ADDRESS 6302 Fairview Rd., Suite 201  
4.4 CITY-ST-ZIP Charlotte NC 28210

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)