

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 04, 1999 8:00 am
Secretary of State

03-04-1999 90104 014 ***158.75

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1. Corporation Name

FIRST SECURITY SERVICES CORPORATION

Principal Place of Business

ONE HARBORSIDE DR.
BOSTON MA 02128

Mailing Address

ONE HARBORSIDE DR.
BOSTON MA 02128

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

04-2459646

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

9. Name and Address of Current Registered Agent

BARRY, RICHARD J
17080 HARBOR POINT DR., N. TOWERS #1111
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name Richard J. Barry

82 Street Address (P.O. Box Number is Not Acceptable)
731 Lambton Lane

83 Naples, FL 34104

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 PDC ☐ DELETE
NAME JOHNSON, ROBERT F
STREET ADDRESS 91 SEAVIEW AVE.
CITY-ST-ZIP MARBLEHEAD MA 01945

TITLE VTD ☐ DELETE
NAME BARRY, RICHARD J
STREET ADDRESS 65 FULLER POND RD.
CITY-ST-ZIP MIDDLETON MA 01948

TITLE S ☐ DELETE
NAME CURRAN, LAWRENCE T
STREET ADDRESS 1389 MAIN ST.
CITY-ST-ZIP LYNNFIELD MA 01940

TITLE VD ☐ DELETE
NAME BRATTON, WILLIAM J
STREET ADDRESS 240 CENTRAL PARK S.
CITY-ST-ZIP NEW YORK NY 10019

TITLE D ☐ DELETE
NAME ROGOVIN, CHARLES
STREET ADDRESS 642 REVERE RD.
CITY-ST-ZIP MERION STATION PA

TITLE D ☐ DELETE
NAME LEE, THOMAS H
STREET ADDRESS OLD FARM RD.
CITY-ST-ZIP LINCOLN MA 01773

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE Director ☒ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

617-568-8700

CR2E034 (1/98)

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