

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L16506 (2)**  
1. Corporation Name  
**FFDC, INC.**



Principal Place of Business  
**100 FEDERAL ST  
01-34-02  
BOSTON MA 02110  
US**

Mailing Address  
**C/O STEVE HUDSON  
100 FEDERAL STREET  
BOSTON MA 02110  
US**

3. Date Incorporated or Qualified  
**09/18/1989**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **100 Federal Street**

Suite, Apt. #, etc.  
22 **01-19-03**

City & State  
23 **Boston, MA**

Zip  
24 **02110**

Country  
25 **USA**

2a. Mailing Address  
26 **100 Federal Street**

Suite, Apt. #, etc.  
27 **01-19-03**

City & State  
28 **Boston, MA**

Zip  
29 **02110**

Country  
30 **USA**

4. FEI Number  
**04-3064147**

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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	PD	<input type="checkbox"/> DELETE
NAME	DUCKETT, DENNIS J	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WESTPHAL, MARVIN A	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	OUELLETTE, DANIEL R.	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORMAN, AMY L	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HARTMANN, ROBERT J.	
STREET ADDRESS	100 FEDERAL STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	HUDSON, STEVEN P	
STREET ADDRESS	100 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alice M. Guiney	
1.3 STREET ADDRESS	100 Federal Street	
1.4 CITY-ST-ZIP	Boston, MA 02110	
2.1 TITLE	Clerk	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven P. Hudson	
2.3 STREET ADDRESS	100 Federal Street	
2.4 CITY-ST-ZIP	Boston, MA 02110	
3.1 TITLE	Asst. Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	E. Faye Ballou	
3.3 STREET ADDRESS	100 Federal Street	
3.4 CITY-ST-ZIP	Boston, MA 02110	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steven P. Hudson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 24, 1996**

Date

**617-434-5688**

Daytime Phone #

CR2E034 (12/95)