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

	PROFIT CORPORATI ANNUAL REF 1996	5 Mark d . 1.4354	FLORIDA DEPARTM Sandra B. M Secretary of DIVISION OF CO	Mortham of State					
	DOCUMENT 1. Corporation Name	+ L36888	(0)						
		OLDING CORP.							
t	Principal Place of Busines	Mailing Address			1 100110011 000 11110 11101 10101 10101	(#1 1#1) #1#1(#1#11 #1#	II BIBI: WIE:		
	100 FEDERAL STREET 01-34-02 BOSTON MA 02110		C/O STEVE HUDSON 100 FEDERAL STREET BOSTON MA 02114						
	US		US			3. Date Incorporated or Qualified 12/18/1989	3a. Date of La: 05/0	it Report 1/1995	
	2. Principal Place of Busin	O	2a. Mailing Address 100 Federal	Stroot		4. FEI Number 04-3077980		Applied For	
2	•••	Street	26	Treer		04-30/1960		Not Applicable	
2	Suite, Apt. #, etc. 22 01-19-03		Suite, Apt. #, etc. 01-19-03			5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required	
2	City & State Boston, MA	-	City & State Boston, MA			Election Campaign Financing Trust Fund Contribution		0.00 May Be	
2	Zip 02110	Country 25 USA	Zip 29 02110 36	Country USA		8. This corporation has liability for in Florida Statutes Yes	ntangible tax unde	ers 199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
	C T CORPORAT			82	82 Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324									
	1 2 11 11 11 11 11	. ••••							
				84	City		FL 85	Zip Code	
	or registered agent, o familiar with, and acco	sions of Sections 607.0502 and r both, in the State of Florida. t ept the obligations of, Section (Such change was authorized b	he above-n y the corpo	arned corp oration's bo	oration submits this statement for the pur pard of directors. I hereby accept the appo	pose of changing pintment as registi	its registered office ered agent. I am	
	SIGNATURE Signature, typed or printed name of registered agent and little if applicable. [NOTE: Registered Agent is					ured when reinstating)	DATE		
12. OFFICERS AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFF			
	TITLE PD	KETT, DENNIS J	☐ DELETE	1. 1 TITLE		VP/D Alice M. Guiney	Char	nge 🔼 Addition	
	100	FEDERAL STREET		1.2 NAME		100 Federal Street			
	STREET AUDITESS	TON MA		1.3 STREET 1.4 CITY - ST		Boston, MA 02110			
-								·	

SIGNATURE Skirveture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whon reinstating) DATE DATE											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD PLUCKET PENGIN	DELETE	1. 1 TITLE	VP/D Alice M. Guiney	☐ Change	Addition					
NAME	DUCKETT, DENNIS J		1.2 NAME	<u>-</u>		ĺ					
STREET ADDRESS	100 FEDERAL STREET		1.3 STREET ADDRESS	100 Federal Street		ļ					
CITY-ST-ZIP	BOSTON MA		1.4 CITY - ST - ZIP	Boston, MA 02110							
TITLE	VD		2. 1 TITLE	Clerk	(X) Change	☐ Addition					
NAME	OUELLETTE, DANIEL R		2.2 NAME	Steven P. Hudson							
STREET ADDRESS	100 FEDERAL STREET		2.3 STREET ADDRESS	100 Federal Street							
CITY - ST - ZIP	BOSTON MA		2 4 CITY - ST - ZIP	Boston, MA 02110							
TITLE	VO	☐ DELETE	3 1 TITLE	Asst. Clerk	☐ Change	Addition					
NAME	WESTPHAL, MARVIN A		3.2 NAME	E. Faye Ballou							
STREET ADDRESS	100 FEDERAL STREET		3.3 STREET ADDRESS	100 Federal Street							
CITY-ST-ZIP	BOSTON MA		3.4 CITY - ST - ZIP	Boston, MA 02110							
TOLE		☐ DELETE	4. 1 TITLE		☐ Change	☐ Addition					
NAME	NORMAN, AMY L		4.2 NAME								
STREET ADDRESS	100 FEDERAL STREET		4.3 STREET ADDRESS								
CITY-ST-ZIP	BOSTON MA		4.4 CITY - ST - ZIP								
TITLF	AT	☐ DELETE	5. 1 TITLE		☐ Change	Addition					
NAME	HARTMANN, ROBERT J.		5.2 NAME								
STREET ADDRESS	100 FEDERAL STREET		5.3 STREET ADDRESS								
CITY-ST-ZIP	BOSTON MA		5.4 CITY - ST - ZIP								
TITLE	AS	X DELETE	6. 1 TITLE		☐ Change	Addition					
NAME	HUDSON, STEVEN P		6.2 NAME								
STREET ADDRESS	100 FEDERAL STREET		6.3 STREET ADDRESS								
CITY - ST- ZIP	BOSTON MA		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 regeiver 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

Steven P. Hudson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF FIGURE OR DIRECTOR

April 24, 1996

617-434-5688