

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 # **M68346** (9)

1. Corporation Name

KNIGHT OLD HARBOR ACQUISITION CORP.



Principal Place of Business

**100 FEDERAL STREET
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
02/16/1988

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

2. Principal Place of Business

21 **100 Federal Street**

2a. Mailing Address

26 **100 Federal Street**

4. FEI Number

04-3002106

Applied For
Not Applicable

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

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

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State
Boston, MA

28 City & State
Boston, MA

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip
02110

25 Country
USA

29 Zip
02110

30 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DUCKETT, DENNIS J**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

1.1 TITLE **VP/D** ☐ Change ☒ Addition
1.2 NAME **Alice M. Guiney**
1.3 STREET ADDRESS **100 Federal Street**
1.4 CITY-ST-ZIP **Boston, MA 02110**

TITLE **VD** ☐ DELETE
NAME **WESTPHAL, MARVIN J**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Amy L. Norman**
2.3 STREET ADDRESS **100 Federal Street**
2.4 CITY-ST-ZIP **Boston, MA 02110**

TITLE **DV** ☒ DELETE
NAME **OUELLETTE, DANIEL R.**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

3.1 TITLE **Clerk** ☒ Change ☐ Addition
3.2 NAME **Steven P. Hudson**
3.3 STREET ADDRESS **100 Federal Street**
3.4 CITY-ST-ZIP **Boston, MA 02110**

TITLE **S** ☒ DELETE
NAME **NORMAN, AMY L**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

4.1 TITLE **Asst. Clerk** ☐ Change ☒ Addition
4.2 NAME **E. Faye Ballou**
4.3 STREET ADDRESS **100 Federal Street**
4.4 CITY-ST-ZIP **Boston, MA 02110**

TITLE **AT** ☐ DELETE
NAME **HARTMANN, ROBERT J**
STREET ADDRESS **100 FEDERAL ST**
CITY-ST-ZIP **BOSTON MA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **AS** ☒ DELETE
NAME **HUDSON, STEVEN P**
STREET ADDRESS **100 FEDERAL ST.**
CITY-ST-ZIP **BOSTON MA**

6.1 TITLE ☐ Change ☐ 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**

April 24, 1996

617-434-5688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)