


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90006 050 \*\*\*150.00

<b>DOCUMENT # P01000073877</b> 1. Entity Name SLA LAKE MARY, INC.					
Principal Place of Business 100 CHARLES PARK RD. WEST ROXBURY, MA 02132-4985			Mailing Address 100 CHARLES PARK RD. WEST ROXBURY, MA 02132-4985		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-3576167</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPENCER, AARON D		NAME		
STREET ADDRESS	69 FARLOW RD.		STREET ADDRESS		
CITY-ST-ZIP	NEWTON, MA 02159		CITY-ST-ZIP		
TITLE	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACPHAIL, PAUL		NAME		
STREET ADDRESS	241 LUMBER ST.		STREET ADDRESS		
CITY-ST-ZIP	HOPKINTON, MA 01748		CITY-ST-ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT, ROBERT M		NAME	17 Walton Heath Way, Mashpee, MA 02649	
STREET ADDRESS	182 ACADEMY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEYMOUTH, MA 02188		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BINDER, RICHARD A		NAME		
STREET ADDRESS	3 TOMKINS LANE		STREET ADDRESS		
CITY-ST-ZIP	FRAMINGHAM, MA 01702		CITY-ST-ZIP		
TITLE	VS <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERZ, II, GEORGE W		NAME	5 Bertis Adams Way	
STREET ADDRESS	5 BARTIS ADAMS WAY		STREET ADDRESS		
CITY-ST-ZIP	WESTBOROUGH, MA 01581		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Richard A. Binder</i>			Richard A. Binder, Asst. Secretary 01/19/04 617-323-9200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		