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FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P11193

(0)

1. Corporation Name

ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.

Principal Place of Business

440 LINCOLN STREET  
WORCESTER MA 01653-0001

Mailing Address

440 LINCOLN STREET  
WORCESTER MA 01653-0002

3. Date Incorporated or Qualified  
08/21/1986

3a. Date of Last Report  
04/30/1996

4. FEI Number

04-2888068

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 ☐ DELETE

NAME  
O'BRIEN, JOHN F.  
STREET ADDRESS  
88 HOMESTEAD ST.  
CITY-ST-ZIP  
NEWTON MA

TITLE ☐ DELETE

NAME  
SIMONSEN, ERIC A.  
STREET ADDRESS  
6 APPLE TREE LANE  
CITY-ST-ZIP  
BARRINGTON RI

TITLE ☐ DELETE

NAME  
PARRY, EDWARD J III  
STREET ADDRESS  
20 SANDY WAY  
CITY-ST-ZIP  
CUMBERLAND RI

TITLE ☐ DELETE

NAME  
ARMSTRONG, ABIGAIL M.  
STREET ADDRESS  
274 BROCKELMAN RD.  
CITY-ST-ZIP  
LANCASTER MA

TITLE ☐ DELETE

NAME  
KELLY, JOHN F.  
STREET ADDRESS  
8 SEARS ROAD  
CITY-ST-ZIP  
SOUTHBORO MA

TITLE ☐ DELETE

NAME  
MURRAY, GROVER C.  
STREET ADDRESS  
19 SATURN DRIVE  
CITY-ST-ZIP  
SHREWSBURY MA

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

762 South Street  
Needham, MA 02192

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do 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.

SIGNATURE:

*Stanley A. Zagorski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley A. Zagorski

4/18/97

(508) 855-2818

Date

Daytime Phone #

CR2E034 (9/96)