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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P13520

1. Corporation Name

Principal Place of Business

B&L CONSULTANTS, INC. OF MASSACHUSETTS

| ONE COMMERCE WAY NORWOOD MA 02062 | | ONE COMMERCE WAY NORWOOD MA 02062 | | | DO NOT WRITE IN THIS SPACE | | | | |
|--------------------------------------|--|--------------------------------------|--------------|-----------|--|------------|---------------|--|--|
| | | | | | 3. Date Incorporated or Qualifed 03/09/1987 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | Ar | plied For | | |
| 21 | | 26 | | | 04-2538302 | No | ot Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | , | Additional | | |
| 22 | | 27 | | | J. Continuate of Chalcos Desired | Fee Re | equired | | |
| City & State | | City & State | | | 6. Election Campaign Financing | | May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | Added | to Fees | | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year Intangible | | | | |
| 24 | 25 | 29 30 | | | Personal Property Tax. | | | | |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Registered Age | <u>:nt</u> | | | |
| | | | 81 | Name | | | | | |
| | RGER, EUGENE R. | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | | |
| | METRO PARKWAY | | | | | | | | |
| FT. M | MYERS FL 33916 | | 83 | | | | J | | |
| | | | 84 | City | FL ¹ | 35 Zip | Code | | |
| agent. I a | m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second of famili | tions of, Section 607.0505, Florida | Statutes | | oration's board of directors. I hereby accept the appointm | | | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | _ | ADDITIONS/CHANGES TO OFFICERS AND I | DIRECTO | ORS IN 12 | | |
| TITLE | PD | ∑ DELETE | 1.1 TITLE | | EVP, CFO & Treasurer X |] Change | ☐ Addition | | |
| NAME | LLOYD, JAMES A. | | 1.2 NAME | | Jim W. Cate | | | | |
| STREET ADDRESS | DEER HAVEN, LONG ISLAND | | 1.3 STREE | FADDRESS | 1231 Durrett Lane | | | | |
| CITY-ST-ZIP | MOULTONBOROUGH NH | <u> </u> | 1.4 CITY-S | T-ZIP | Louisville, KY 40285 | | | | |
| TITLE | D | ØELETE | 2.1 TITLE | | Director |] Change | Addition | | |
| NAME | -CATE: JIM | | 2.2 NAME | | Robert E. Showalter | | | | |
| STREET ADDRESS | 30 ROBIN ROAD | | 2.3 STREE | ADDRESS | 1231 Durrett Lane | | | | |
| CITY-ST-ZIP | NORFOLK MA | _ | 2.4 CITY-5 | T-ZIP | Louisville, KY 40285 | | | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | (see attached list) |] Change | ☐ Addition | | |
| NAME | JACOBS, CURTIS M | | 3.2 NAME | | | | 1 | | |
| STREET ADDRESS | 101 S 5TH STREET | | 3.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | LOUISVILLE KY 40202 | | 3.4. CITY- S | T-ZIP | | | | | |
| TITLE | DT | ☐ DELETE | 4.1 TITLE | | |] Change | Addition | | |
| NAME | CATE, JIM W | | 4.2 NAME | | | | | | |
| STREET ADDRESS | 101 BULLITT LANE SUITE 450 | → | 43 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | -LOUISVILLE KY- | | 4.4 CITY-S | T-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | |] Change | ☐ Addition | | |
| NAME | showalter, robert e | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 1 01 BULLITT LANE SUITE 450 | - | 5.3 STREE | 1 | | | | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 5.4 CITY-S | T-ZIP | | 7.00 | D 4 400 | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | _ |] Change | Addition | | |
| NAME | | | 6.2 NAME | i | | | 1 | | |
| CTREET ADDRESS | | 1 | 6.3 STREE | TADDRESS | | | | | |

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

<u>Jim W. Cate</u>

<u>4/29/99</u>

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90191 003 ***150.00

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B & L CONSULTANTS, INC.

| | | Chief Executive Officer | Executive Vice President, | CFO and Treasurer | Secretary | Assistant Secretary | Clerk | Tax Officer |
|---|----------------------------|---|----------------------------|-------------------|------------------------|------------------------|------------------|---------------------|
| 40222 40222 | 40222 | 40222 | 40222 | | 40202 | 40202 | 002062 | 44114-3484 |
| Louisville, KY Louisville, KY | Louisville, KY | Louisville, KY | Louisville, KY | | Louisville, KY | Louisville, KY | Norwood, MA | Cleveland, OH |
| 101 Bullitt Lane Suite 450 Louisville, KY101 Bullitt Lane Suite 450 Louisville, KY | 101 Bullitt Lane Suite 450 | 101 Bullitt Lane Suite 450 Louisville, KY | 101 Bullitt Lane Suite 450 | | 101 South Fifth Street | 101 South Fifth Street | One Commerce Way | 1900 East Ninth St. |
| <u>Directors</u> Robert E. Showalter Jim W. Cate | Donald J. Kenney | Utilicers Donald J. Kenney | Jim W. Cate | | Curtis M. Jacobs | Dennie K. Hurst | Robert Lloyd | Charles Murawski |

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