

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:51

DOCUMENT # P18407 (7)

1. Corporation Name
APPLETON PARTNERS, INC.

Principal Place of Business
2 OLIVER STREET
BOSTON MA 02109

Mailing Address
2 OLIVER STREET
BOSTON MA 02109

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
03/14/1988

3a. Date of Last Report
02/21/1994

2. Principal Place of Business
21 45 Milk Street

2a. Mailing Address
26 45 Milk Street

Suite, Apt. #, etc.
22 Suite, Apt. #, etc.

City & State
23 Boston, MA

City & State
27 Boston, MA

Zip
24 02110

Country
25 USA

Zip
29 02110

Country
30 USA

4. FEI Number
04-2941377

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 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 the if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
CHAMBERLAIN, DOUGLAS
7 OLD COACH RD.
COHASSET MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

STD
BURGE, KATHLEEN
100 HIGH ST
MEDFORD MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
IVES, KENNETH
236 SAGAMORE ST
HAMILTON MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
KINGMAN, WILLIAM L
65 EASTERBROOK ROAD
ACTON MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
ROBBINS, LEE W
693 E. CENTRAL STREET
FRANKLIN MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
MEYER, CHARLES G JR.
121 HIGHWOOD STREET
OYSTER BAY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

D
Cornelia S. Ives
236 Sagamore Street
Hamilton, MA 01936

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

D
Robert B. Needham
451 Andover Street
No. Andover, MA 01845

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

D
Kenneth J. Novack
81 Beacon Street
Boston, MA 02108

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 individual or individual authorized 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 addition.

SIGNATURE:

Signature, typed or printed name of registered agent and the if applicable
Douglas G. Chamberlain

2/24/95

617-338-0700