FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:31

DOCUMENT # P19782 (2)

1. Corporation Name
J. BAKER, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
555 TURNPIKE STREET CANTON MA 02021	555 TURNPIKE STREET CANTON MA 02021

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (20)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 13-1722620 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	SOCOL, JERRY	1.2 NAME	
STREET ADDRESS	190 MARLBORO ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, PHILIP G	2.2 NAME	
STREET ADDRESS	36 CASTLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WEINSTEIN, ALAN I.	3.2 NAME	
STREET ADDRESS	81 BISHOP RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON, MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CLIFFORD, J. CHRISTOPHER	4.2 NAME	
STREET ADDRESS	ONE BOSTON PLACE, 34TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CRUCE, ERVIN	5.2 NAME	
STREET ADDRESS	FIRST CITY BANK TOWER, 201 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WORTH TX	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	LEE, THOMAS H.	6.2 NAME	
STREET ADDRESS	75 STATE STREET #2600	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	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)(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: Philip G. Rosenberg 1st Senior Vice President 617-828-9300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Title — Daytime Telephone #

0473402 FP