

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22098

1. Entity Name

NEW ENGLAND PORTFOLIO ADVISORS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 007 ***150.00

0441481

Principal Place of Business

501 BOYLSTON STREET
BOSTON MA 02116-3706

Mailing Address

C/O METLIFE INS
1 MADISON AVE AREA 8EF
NEW YORK NY 10010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-2843036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GUTHRIE, JOHN F., JR.
STREET ADDRESS 56 WOOD END LANE
CITY-ST-ZIP MEDFIELD MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MC DEVITT, THOMAS
STREET ADDRESS 5 ARLINGTON STREET
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☐ Delete
NAME VAN DER HYDEN, ABBY
STREET ADDRESS BOX 457 JACKKNIFE POINT
CITY-ST-ZIP EAST ORLEANS MA 02643

TITLE CS ☒ Change ☐ Addition
NAME VON DER HEYDE, ABBY
STREET ADDRESS 26 JACK KNIFE POINT
CITY-ST-ZIP EAST ORLEANS, MA 02643

TITLE T ☐ Delete
NAME HEAD, SHARON
STREET ADDRESS 6 BACON ST
CITY-ST-ZIP WINCHESTER MA 02890

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME ZIMMERMAN, FREDERICK
STREET ADDRESS 101 HIGH ST.
CITY-ST-ZIP HINGHAM MA

TITLE D ☐ Change ☒ Addition
NAME GHEGAN, ROBERT L
STREET ADDRESS EIGHT TURNER HILL ROAD
CITY-ST-ZIP MEDFIELD, MA 02052

TITLE AT ☐ Delete
NAME BROWN, LEO R
STREET ADDRESS ONE MADISON AVENUE-TAX DEOT AREA 8EF
CITY-ST-ZIP NEW YORK NY 10010

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leo R. Brown

Leo R. Brown
Assistant Treasurer,

04/20/01,

212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)