

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90075 025 ***150.00

DOCUMENT # P22098

1. Entity Name
NEW ENGLAND PORTFOLIO ADVISORS, INC.

Principal Place of Business
**501 BOYLSTON STREET
 BOSTON MA 02116-3706**

Mailing Address
**C/O METUFE 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

4. FEI Number

04-2843036

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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	<input type="checkbox"/> Delete
NAME	GUTHRIE, JOHN F., JR.	
STREET ADDRESS	56 WOOD END LANE	
CITY-ST-ZIP	MEDFIELD MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MC DEVITT, THOMAS	
STREET ADDRESS	5 ARLINGTON STREET	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	CS	<input type="checkbox"/> Delete
NAME	VAN DER HYDEN, ABBY	
STREET ADDRESS	26 JACK KNIFE POINT	
CITY-ST-ZIP	EAST ORLEANS MA 02643	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEAD, SHARON	
STREET ADDRESS	6 BACON ST	
CITY-ST-ZIP	WINCHESTER MA 02890	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZIMMERMAN, FREDERICK	
STREET ADDRESS	EIGHT TURNER HILL ROAD	
CITY-ST-ZIP	MEDFIELD MA 02052	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BROWN, LEO R	
STREET ADDRESS	ONE MADISON AVENUE-TAX DEOT AREA 8EF	
CITY-ST-ZIP	NEW YORK NY 10010	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, JOHN F., JR.	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC DEVITT, THOMAS C.	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON DER HEYDE, ABBY C.	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE HEAD, SHARON	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUTHRIE, JOHN F., JR.	
STREET ADDRESS	501 BOYLSTON STREET	
CITY-ST-ZIP	BOSTON, MA 02116	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LEO R.	
STREET ADDRESS	ONE MADISON AVENUE, TAX DEPT, 5H	
CITY-ST-ZIP	NEW YORK, NY 10010	

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

2/14/2002,

212-578-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)