

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P28159

1. Entity Name
CORRESPONDENT SERVICES CORPORATION



Principal Place of Business

82 DEVONSHIRE ST
BOSTON, MA 02109

Mailing Address

82 DEVONSHIRE ST
BOSTON, MA 02109

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007

Chg-P

CR2E034 (12/06)

4. FEI Number
22-2999831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MALO, NORMAN R
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109

TITLE S ☒ Delete
NAME LARSEN, JEFFREY R
STREET ADDRESS 82 DEVONSHIRE ST
CITY-ST-ZIP BOSTON, MA 02109

TITLE D ☐ Delete
NAME MCCOLGAN, ELLYN
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109

TITLE AS ☒ Delete
NAME FREEDMAN, JAY
STREET ADDRESS 82 DEVONSHIRE ST
CITY-ST-ZIP BOSTON, MA 02109

TITLE P ☐ Delete
NAME HEALY, MARK C
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109

TITLE AS ☐ Delete
NAME STURDY, SUSAN
STREET ADDRESS 82 DEVONSHIRE STREET
CITY-ST-ZIP BOSTON, MA 02109

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 400103131184
STREET ADDRESS 05/24/07--01009--005 **550.00
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME Karen L. Saperstein
STREET ADDRESS 82 Devonshire Street
CITY-ST-ZIP Boston, MA 02109

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

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

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

TITLE ☐ Change ☐ Addition
NAME TS S/9/07
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Sturdy

Susan Sturdy/Assistant Secretary

(617) 563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #