

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90077 041 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P28747**

1. Corporation Name

**CARLSON DESIGN/CONSTRUCT CORP.**

Principal Place of Business

**3 SPEEN ST  
STE 410  
FRAMINGHAM MA 01701  
US**

Mailing Address

**3 SPEEN ST  
STE 410  
FRAMINGHAM MA 01701  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/27/1990**

4. FEI Number

**04-2263398**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 959 Concord Street**

**22 Suite, Apt. #, etc.  
2nd Floor**

**23 City & State  
Framingham, MA**

**24 Zip Country  
01701 USA**

2a. Mailing Address

**26 959 Concord Street**

**27 Suite, Apt. #, etc.  
2nd Floor**

**28 City & State  
Framingham, MA**

**29 Zip Country  
01701 USA**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PD**  
**NAME JOHNSON, WILLIAM R**  
**STREET ADDRESS 3 SPEEN ST STE 410**  
**CITY-ST-ZIP FRAMINGHAM MA**

**TITLE VPD**  
**NAME HUNTER, DANIEL**  
**STREET ADDRESS 3 SPEEN ST, STE 410**  
**CITY-ST-ZIP FRAMINGHAM MA**

**TITLE S**  
**NAME KRAUSS, STEPHEN E**  
**STREET ADDRESS 3 SPEEN ST. SUITE 410**  
**CITY-ST-ZIP FRAMINGHAM MA**

**TITLE VD**  
**NAME FRASER, WILLIAM B**  
**STREET ADDRESS 3 SPEEN ST STET 410**  
**CITY-ST-ZIP FRAMINGHAM MA**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE V/T/D**  
**1.2 NAME**  
**1.3 STREET ADDRESS 959 Concord St., 2nd Floor**  
**1.4 CITY-ST-ZIP Framingham, MA 01701**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS 959 Concord Street 2nd Floor**  
**2.4 CITY-ST-ZIP Framingham, MA 01701**

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS 959 Concord Street, 2nd Floor**  
**3.4 CITY-ST-ZIP Framingham, MA 01701**

**4.1 TITLE P/D**  
**4.2 NAME**  
**4.3 STREET ADDRESS 959 Concord Street, 2nd Floor**  
**4.4 CITY-ST-ZIP Framingham, MA 01701**

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

**Stephen E. Krauss**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

508-370-0100

Daytime Phone #

CR2E034 (11/98)