

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31093 (8)

1. Corporation Name

CP I-4 DIXIE HIGHWAY, INC.

Principal Place of Business

60 STATE STREET
BOSTON MA 02109-1801

Mailing Address

60 STATE STREET
BOSTON MA 02109-1801



3. Date Incorporated or Qualified

09/27/1990

3a. Date of Last Report

04/24/1995

4. FEI Number

04-3100620

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

2. Principal Place of Business

2a. Mailing Address

21 2 Center Plaza

26 2 Center Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27 Suite 200

City & State

City & State

23 Boston, MA

28 Boston, MA

Zip

Zip

24 02108

29 02108

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 dated application

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ANGLAND, ROBERT M.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE VD ☐ DELETE

NAME TAGUE, PETER F., III
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE S ☐ DELETE

NAME MALLOY, JOHN F.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE V ☐ DELETE

NAME EBBOTT, ANDREW D.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE V ☐ DELETE

NAME PATTERSON, ROBERT E.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE D ☐ DELETE

NAME COLLOREDO-MANSFELD, F.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

12 NAME Angland, Robert M.
13 STREET ADDRESS 2 Center Plaza-Suite 200
14 CITY-ST-ZIP Boston, MA 02108

2.1 TITLE VD ☒ Change ☐ Addition

22 NAME Tague, Peter F., III
23 STREET ADDRESS 2 Center Plaza-Suite 200
24 CITY-ST-ZIP Boston, MA 02108

3.1 TITLE S ☒ Change ☐ Addition

32 NAME Malloy, John F.
33 STREET ADDRESS 2 Center Plaza-Suite 200
34 CITY-ST-ZIP Boston, MA 02108

4.1 TITLE V ☒ Change ☐ Addition

42 NAME Ebbott, Andrew D.
43 STREET ADDRESS 2 Center Plaza-Suite 200
44 CITY-ST-ZIP Boston, MA 02108

5.1 TITLE V ☒ Change ☐ Addition

52 NAME Patterson, Robert E.
53 STREET ADDRESS 2 Center Plaza-Suite 200
54 CITY-ST-ZIP Boston, MA 02108

6.1 TITLE D ☒ Change ☐ Addition

62 NAME Colloredo-Mansfeld, F.
63 STREET ADDRESS 2 Center Plaza-Suite 200
64 CITY-ST-ZIP Boston, MA 02108

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/18/96 617-723-4691

CR2E034 (12/95)