FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P31268** (6)

1. Corporation Name
BOSTON CAPITAL MANAGEMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O CARLETON COURT APARTMENTS #211 CARLETON COURT PROVIDENCE RI 02908	313 CONGRESS ST. BOSTON MA 02210

3. Date Incorporated or Qualified: 10/08/1990
3a. Date of Last Report: 08/10/1994
4. FEI Number: 05-0454990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ATTAWAY, JOHN A., ESQ. LANE, TROHN, CLARKE & BERTRAND ~~202 EAST WALNUT STREET~~ LAKELAND FL 33802-0003	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 ONE LAKE MORTON DRIVE 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☒ Change ☐ Addition
NAME	CANEPARI, DAVID J.	1.2 NAME	
STREET ADDRESS	~~7 FORT AVE.~~	1.3 STREET ADDRESS	590 INDIAN AVE.
CITY-ST-ZIP	~~CRANSTON RI 02910~~	1.4 CITY-ST-ZIP	MIDDLETOWN, RI 02842
TITLE	EV	2.1 TITLE	☒ Change ☐ Addition
NAME	PLONSKIER, MARC S	2.2 NAME	
STREET ADDRESS	~~41 CHASE ST.~~	2.3 STREET ADDRESS	200 HIGHLAND AVE
CITY-ST-ZIP	~~NEWTON MA 02150~~	2.4 CITY-ST-ZIP	NEWTON, MA 02165
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	~~DONOVAN, TIMOTHY D~~	3.2 NAME	TIMOTHY M. DONOVAN
STREET ADDRESS	26 FINNEGAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURYPORT MA 01950	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Marc S. Plonskier EVP 4-28-95 (617)267-6227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473477 FP