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 # **P35157** **(7)**

1. Corporation Name

WESTFORD ASSET MANAGEMENT, INC.

Principal Place of Business

13 SIROD ROAD
WINDHAM NH 03087

Mailing Address

920 FARMINGTON AVE
WEST HARTFORD CT 06107
US

2. Principal Place of Business	2a. Mailing Address
21	26 50 Founders Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 207
City & State 23	City & State 28 EAST Hartford, CT
Zip 24 / Country 25	Zip 29 06108 / Country 30

3. Date Incorporated or Qualified: **08/19/1991**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **02-0449839** ☐ 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

9. Name and Address of Current Registered Agent

NATION, DEBRA
4711 SOUTH HIMES AVENUE
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name: Donna Carlton
82 Street Address (P.O. Box Number is Not Acceptable): 4711 South Himes Avenue
83
84 City: Tampa FL 85 Zip Code: 33611

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ Date _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE: President	☐ Change ☒ Addition
NAME	DURHAM, JAMES		12 NAME:	
STREET ADDRESS	7 TUNXIS ROAD		13 STREET ADDRESS:	
CITY-ST-ZIP	WEST HARTFORD CT		14 CITY-ST-ZIP:	
TITLE	S	☐ DELETE	21 TITLE: Vice President	☐ Change ☒ Addition
NAME	BALLETTO, SALLY		22 NAME:	
STREET ADDRESS	138 MOUNTAIN SPRING RD		23 STREET ADDRESS:	
CITY-ST-ZIP	BURLINGTON CT		24 CITY-ST-ZIP:	
TITLE		☐ DELETE	31 TITLE:	☐ Change ☐ Addition
NAME			32 NAME:	
STREET ADDRESS			33 STREET ADDRESS:	
CITY-ST-ZIP			34 CITY-ST-ZIP:	
TITLE		☐ DELETE	41 TITLE:	☐ Change ☐ Addition
NAME			42 NAME:	
STREET ADDRESS			43 STREET ADDRESS:	
CITY-ST-ZIP			44 CITY-ST-ZIP:	
TITLE		☐ DELETE	51 TITLE:	☐ Change ☐ Addition
NAME			52 NAME:	
STREET ADDRESS			53 STREET ADDRESS:	
CITY-ST-ZIP			54 CITY-ST-ZIP:	
TITLE		☐ DELETE	61 TITLE:	☐ Change ☐ Addition
NAME			62 NAME:	
STREET ADDRESS			63 STREET ADDRESS:	
CITY-ST-ZIP			64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is true, duly furnished and 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.

SIGNATURE: James M. Durham, JAMES M. DURHAM, Pres 2-21-96 880-231-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)