

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P35995

1. Corporation Name

ONE INTERNATIONAL, INC.

Principal Place of Business

FIVE CAMBRIDGE CENTER
9TH FL
CAMBRIDGE MA 02142
US

Mailing Address

FIVE CAMBRIDGE CENTER
9TH FL
CAMBRIDGE MA 02142
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/21/1991

4. FEI Number

04-3130027

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

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 | P | <input checked="" type="checkbox"/> DELETE |
| NAME | MCCREARY, RICHARD J | |
| STREET ADDRESS | 12 VALENTINE ST | |
| CITY-ST-ZIP | WEST NEWTON MA | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

Richard J. McCreary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Sec.

Date

Daytime Phone #

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 031 ***150.00



CR2E034 (1/98)

ONE INTERNATIONAL, INC.

OFFICERS:

CHIEF EXECUTIVE OFFICER/PRESIDENT
EXECUTIVE VICE PRESIDENT/ASSISTANT SECRETARY
CHIEF FINANCIAL OFFICER/VICE PRESIDENT/TREASURER
CHIEF OPERATING OFFICER/EXECUTIVE VICE PRESIDENT/
SECRETARY
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY
SENIOR VICE PRESIDENT/ASSISTANT SECRETARY
VICE PRESIDENT/ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT SECRETARY
ASSISTANT VICE PRESIDENT/TREASURER
ASSISTANT VICE PRESIDENT
ASSISTANT VICE PRESIDENT

MICHAEL ASHNER
PETER BRAVERMAN
TOM STAPLES

CAROLYN TIFFANY
LARA SWEENEY
STEPHEN BONIFIELD
JOHN D. ALBA
DAYNA DEMARCO
AMY GRUCAN
ALLISON FORRESTER
JOHN GARILLI
HOLLY LOOSE
DAVID BULLOCK

** All officers have an address c/o

FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142

DIRECTORS:

MICHAEL L. ASHNER
c/o FIRST WINTHROP CORPORATION
FIVE CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE, MA 02142