

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 30, 2000 8:00 am**
Secretary of State

06-30-2000 90007 009 ***550.00

DOCUMENT # P37473

1. Entity Name

ANCHOR CAPITAL ADVISORS, INC.

Principal Place of Business

Mailing Address

**POST OFFICE SQUARE
MA 02109****ONE POST OFFICE SQUARE
BOSTON MA 02109-2106**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2801194**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **RICE, WILLIAM PHIPPS**
STREET ADDRESS **338 WASHINGTON STREET**
CITY-ST-ZIP **DUXBURY MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **RICKABAUGH, MARK VAYDA**
STREET ADDRESS **82 REVERE STREET**
CITY-ST-ZIP **BOSTON MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CLD** ☐ Delete
NAME **FLOOR, RICHARD EARL**
STREET ADDRESS **45 CLARK STREET**
CITY-ST-ZIP **BELMONT MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BROWN, STEPHEN C.**
STREET ADDRESS **128 CRESCENT STREET**
CITY-ST-ZIP **DUXBURY MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **DRAKE, BARBARA ESTHER**
STREET ADDRESS **10 HARDY STREET, #1**
CITY-ST-ZIP **SALEM MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **CROCE, ROBERT F.**
STREET ADDRESS **145 BENVENUE STREET**
CITY-ST-ZIP **WELLESLEY MA**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory F. Hunter
Vice President/Controller

Date

6/26/00

Daytime Phone #

617-338-3800

CF 21034 (9/95)