FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P38204 (4)

1. Corporation Name
CANTELLA & CO., INC.

Principal Place of Business	Mailing Address
ONE COURT ST., BOSTON MA 02108	ONE COURT ST., BOSTON MA 02108-2612

3. Date Incorporated or Qualified: 04/07/1992
3a. Date of Last Report: 02/14/1996

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

4. FEI Number: 04-2670968 ☐ 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

LOCKMAN, JOHN M.
1515 S. ORLANDO AVE.,
MAITLAND FL 32751

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	CANTELLA, DAVID V.		1.2 NAME	James M. Freeman	
STREET ADDRESS	415 LEWIS WHARF		1.3 STREET ADDRESS	109 Prospect St.	
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP	Newburyport , MA	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CANTELLA, VINCENT M.		2.2 NAME		
STREET ADDRESS	635 LEWIS WHARF		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, GERALD H.		3.2 NAME		
STREET ADDRESS	18 OLD RANDOLPH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CANTON MA		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARVEY, JOHN J.		4.2 NAME		
STREET ADDRESS	18 PARKWAY RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MEDFORD MA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GARVEY, JOHN J		5.2 NAME		
STREET ADDRESS	18 PARKWAY ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MEDFORD MA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] 4/2/97