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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/07/1992

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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: Crowell, Peter F.
82 Street Address (P.O. Box Number is Not Acceptable): 3375 Capitol Cir ,NE Bldg #1
83
84 City: Tallahassee FL 85 Zip Code: 32308

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 _____ 4-28-98
Signature of new registered agent, if changed, or of former 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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANTELLA, DAVID V.		1.2 NAME		
STREET ADDRESS	415 LEWIS WHARF		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	CANTELLA, VINCENT M.		2.2 NAME	Freeman, James M.	
STREET ADDRESS	635 LEWIS WHARF		2.3 STREET ADDRESS	109 Prospect St.	
CITY-ST-ZIP	BOSTON MA		2.4 CITY-ST-ZIP	Newburyport, MA 01950	
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	V	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FREEMAN, JAMES M		6.2 NAME		
STREET ADDRESS	109 PROSPECT ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEWBURYPORT MA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ James M. Freeman President April 3 1998 617-742-7250