2005 FOR PROFIT CORPORATION

Jan 25, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-25-2005 90045 019 ***150.00 DOCUMENT # P39842 1. Entity Name BOSTON ADVISORS, INC. 40006232 Principal Place of Business Mailing Address 90 STATE HOUSE SQUARE 100 FEDERAL ST BOSTON, MA 02110 C/O ADVEST INC.- CHERYL GORHAM HARTFORD, CT 06103 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-2805120 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. وأرد الد SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 . 🗆 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Addition Please See MCADAM, DONNA C NAME NAME STREET ADDRESS 90 STATE HOUSE SQUARE STREET ADDRESS CITY-ST-ZIP HARTFORD, CT 06103 CITY-ST-7IP Durector ITHE ☐ Delete TITLE Addition ☐ Change NAME KUCKRO, LEE G NAME 90 STATE HOUSE SQUARE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP HARTFORD, CT 06103 CITY-ST-ZIP President TITLE Defete TITLE Addition Change VOGELZANĠ, MICHAEL J NAME NAME STREET ADDRESS 100 FEDERAL ST STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02110 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change SERBE, GREGORY NAMÉ NAME STREET ADDRESS 120 BROADWAY STREET ADDRESS NEW YORK, NY 10271 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ □ Delete □ TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP > 5

12. 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 findicated 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

BOSTON ADVISORS, INC.

40006232

ATTACHMENT #P39842

Officers:

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