

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P40123 (2)**  
1. Corporation Name  
**OPUS CORRECTIONAL INC.**

Principal Place of Business  
**119 HERBERT STREET  
FRAMINGHAM MA 01701**

Mailing Address  
**119 HERBERT STREET  
FRAMINGHAM MA 01701**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified **08/18/1992** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **04-3162862** 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

2. Principal Place of Report  
21. City & State  
22. Subst. Apt. # etc.  
23. City & State  
24. Zip  
25. County  
26. Mailing Address  
27. Subst. Apt. # etc.  
28. City & State  
29. Zip  
30. County

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 35324**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.02(2)(a) 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 607.02(2)(a), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

**12. OFFICERS AND DIRECTORS**

|                |                                            |
|----------------|--------------------------------------------|
| NAME           | <b>DPT<br/>GAINSBORO, JAY L.</b>           |
| STREET ADDRESS | <b>5 BANCROFT CIRCLE<br/>FRAMINGHAM MA</b> |
| CITY & STATE   |                                            |
| NAME           | <b>DC<br/>GAINSBORO, BARBARA</b>           |
| STREET ADDRESS | <b>5 BANCROFT CIRCLE<br/>FRAMINGHAM MA</b> |
| CITY & STATE   |                                            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY & STATE   |                                            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY & STATE   |                                            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY & STATE   |                                            |
| NAME           |                                            |
| STREET ADDRESS |                                            |
| CITY & STATE   |                                            |

**13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS**

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |
| NAME           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |                                                                   |
| CITY & STATE   |  |                                                                   |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and furnished equally for the exemption stated in Section 607.02(2)(b), 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 that my name is being used to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do not intend to file an attachment with an address.

**SIGNATURE: JAY L. GAINSBORO**

4/24/95 508-875-4444