

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 # P92000004118 (5)

1. Corporation Name

STOCKBRIDGE INVESTMENT PARTNERS, INC.

Principal Place of Business

2 SOUTH STREET
SUITE 360
PITTSFIELD MA 01201
US

Mailing Address

2 SOUTH STREET
SUITE 360
PITTSFIELD MA 01201-6109
US

2. Principal Place of Business

21 75 South Church Street

Suite, Apt. #, etc.

22 Suite 650

City & State

23 Pittsfield, MA 01201

Zip

Country

24 01201

25 USA

2a. Mailing Address

26 75 South Church Street

Suite, Apt. #, etc.

27 Suite 650

City & State

28 Pittsfield, MA 01201

Zip

Country

29 01201

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

04/16/1996

4. FEI Number

59-3150186

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CLARKE, THOMAS M
STREET ADDRESS 2 SOUTH STREET, SUITE 360
CITY- ST- ZIP PITTSFIELD MA

TITLE D ☐ DELETE

NAME CUMMINGS, AMORY
STREET ADDRESS 311 S. WACKER DRIVE
CITY- ST- ZIP CHICAGO IL

TITLE STD ☐ DELETE

NAME CLARKE, LINDA M
STREET ADDRESS 2 SOUTH STREET, SUITE 360
CITY- ST- ZIP PITTSFIELD MA

TITLE D ☐ DELETE

NAME CUMMINGS, LAWRENCE B.
STREET ADDRESS 250 ROYAL PALM WAY, SUITE 202
CITY- ST- ZIP PALM BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

75 South Church St., Suite 650
Pittsfield, MA 01201

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

75 South Church St., Suite 650
Pittsfield, MA 01201

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

☒ Change ☐ Addition

250 Royal Palm Way, Suite 205
Palm Beach, FL 33480

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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

FILED
Apr 28 1997 8:00am
Secretary of State



CR2E034 (9/96)