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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000005713 (2)

1. Corporation Name

CCF MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

THE PILOT HOUSE
LEWIS WHARF
BOSTON MA 02110
US

THE PILOT HOUSE
LEWIS WHARF
BOSTON MA 02110
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

11/18/1992

3a. Date of Last Report

08/14/1996

4. FEI Number

05-0468257

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHLEYER, WILLIAM T	
STREET ADDRESS	20 SOUTH ROAD	
CITY - ST - ZIP	RYE BEACH FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOSTETTER, AMOS B JR	
STREET ADDRESS	10 LOUISBERG SQUARE	
CITY - ST - ZIP	BOSTON MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUNHAM, W LEE H.	
STREET ADDRESS	16 LINCOLN STREET	
CITY - ST - ZIP	BELMONT MA	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	NEHER, TIMOTHY P	
STREET ADDRESS	109 COMMONWEALTH AVE	
CITY - ST - ZIP	BOSTON MA	
TITLE	CFOS	<input checked="" type="checkbox"/> DELETE
NAME	HAWTHORNE, NANCY	
STREET ADDRESS	74 HOLLAND ROAD	
CITY - ST - ZIP	BROOKLINE MA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	KRAUSS, ERIC P	
STREET ADDRESS	1666 COMMONWEALTH AVE APT 33	
CITY - ST - ZIP	BRIGHTON MA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

(617) 742-9500

Daytime Phone #

CR2E034 (9/96)