

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90005 003 ***150.00

DOCUMENT # P93000044852

1. Entity Name
8250 INTERNATIONAL DRIVE CORPORATION



Principal Place of Business
100 CHARLES PARK RD
WEST ROXBURY, MA 02132

Mailing Address
100 CHARLES PARK RD
WEST ROXBURY, MA 02132

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3195174

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
VINCENT, ROBERT M
100 CHARLES PARK ROAD
WEST ROXBURY, MA 02132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VS
HERZ II, GEORGE W
100 CHARLES PARK RD
WEST ROXBURY, MA 02132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SPENCER, AARON D
100 CHARLES PARK ROAD
WEST ROXBURY, MA 02132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MACPHAIL, PAUL W
100 CHARLES PARK ROAD
WEST ROXBURY, MA 02132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
AS
BINDER, RICHARD A
100 CHARLES PK RD
WEST ROXBURY, MA 02132

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 indicated 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Binder, Asst. Secretary

01/12/04

617-323-9200

Date

Daytime Phone #