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FILED
May 13 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 # P93000087700 (9)

1. Corporation Name
LOWRY VILLAGE, INC.

Principal Place of Business

197 FIRST AVENUE
NEEDHAM MA 02194

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194-2812



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

09/30/1996

4. FEI Number

59-3213897

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 P ☒ DELETE

NAME DOYLE, MICHAEL J
STREET ADDRESS 197 FIRST AVENUE
CITY-ST-ZIP NEEDHAM MA 02194

TITLE VPT ☒ DELETE

NAME HOLLISTER, CHRISTOPHER W
STREET ADDRESS 197 FIRST AVENUE
CITY-ST-ZIP NEEDHAM MA 02194

TITLE AVPS ☒ DELETE

NAME MILES, KENNETH M
STREET ADDRESS 197 FIRST AVENUE
CITY-ST-ZIP NEEDHAM MA 02194

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 DEV'T ☐ Change ☒ Addition

1.2 NAME Andrew P. Gosman

1.3 STREET ADDRESS 197 First Ave

1.4 CITY-ST-ZIP Needham, MA 02194

2.1 TITLE P ☐ Change ☒ Addition

2.2 NAME Robert M. Kaufman

2.3 STREET ADDRESS 197 First Ave.

2.4 CITY-ST-ZIP Needham, MA 02194

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Michael M. Gosman

3.3 STREET ADDRESS 197 First Ave.

3.4 CITY-ST-ZIP Needham, MA 02194

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME James M. Clay, III

4.3 STREET ADDRESS 197 First Ave

4.4 CITY-ST-ZIP Needham, MA 02194

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME Richard Zermani

5.3 STREET ADDRESS 197 First Ave

5.4 CITY-ST-ZIP Needham MA 02194

6.1 TITLE COO ☐ Change ☒ Addition

6.2 NAME Mac Beuson

6.3 STREET ADDRESS 197 First Ave

6.4 CITY-ST-ZIP Needham MA 02194

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: James M. Clay III 4/18/97 617 433-1000

CP2E034 (9/96)