

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90048 040 ***150.00

DOCUMENT # P93000087700

1. Corporation Name
LOWRY VILLAGE, INC.



Principal Place of Business
**197 FIRST AVENUE
NEEDHAM MA 02194**

Mailing Address
**197 FIRST AVENUE
NEEDHAM MA 02194**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1993

4. FEI Number

59-3213897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSMAN, ANDREW	1.2 NAME	
STREET ADDRESS	197 FIRST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	1.4 CITY-ST-ZIP	02494
TITLE	CEOT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAUFMAN, ROBERT M	2.2 NAME	ABRAHAM D. GOSMAN
STREET ADDRESS	197 FIRST AVENUE	2.3 STREET ADDRESS	197 FIRST AVENUE
CITY-ST-ZIP	NEEDHAM MA 02194	2.4 CITY-ST-ZIP	NEEDHAM, MA 02494
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOSMAN, MICHAEL M	3.2 NAME	MICHAEL J. ZACCARO
STREET ADDRESS	197 FIRST AVENUE	3.3 STREET ADDRESS	197 FIRST AVENUE
CITY-ST-ZIP	NEEDHAM MA 02194	3.4 CITY-ST-ZIP	NEEDHAM, MA 02494
TITLE	EVPS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARY, JAMES M III	4.2 NAME	JEFFREY P. NETERVAL
STREET ADDRESS	197 FIRST AVE	4.3 STREET ADDRESS	197 FIRST AVENUE
CITY-ST-ZIP	NEEDHAM MA 02194	4.4 CITY-ST-ZIP	NEEDHAM, MA 02494
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, MARC	5.2 NAME	
STREET ADDRESS	197 FIRST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	5.4 CITY-ST-ZIP	02494
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAYLOR, PAUL	6.2 NAME	
STREET ADDRESS	197 FIRST AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	6.4 CITY-ST-ZIP	02494

14. 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 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, with all other like empowered.

SIGNATURE:

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

4/20/99
Date

781/433-1000
Daytime Phone #

CR2E034 (11/98)