

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

**DOCUMENT # P94000039230**

1. Corporation Name

**COPLEY FUND, INC.**

Principal Place of Business

**245 SUNRISE AVE.  
PALM BEACH FL 33480**

Mailing Address

**%THOMAS C. HENRY  
P.O. BOX 1138  
ST. MICHAELS MD 21663  
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 Country

**28** Zip Country

**24** **25**

**29** **30**

9. Name and Address of Current Registered Agent

**HENRY, THOMAS C  
245 SUNRISE AVE  
PALM BEACH FL 33480**

3. Date Incorporated or Qualified

**05/19/1994**

4. FEI Number

**04-2635880**

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 owes the current year Intangible  
Personal Property Tax. ☐ 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 **LEVINE, IRVING**  
STREET ADDRESS **315 PLEASANT ST.**  
CITY-ST-ZIP **FALL RIVER MA 02721**

TITLE **D** ☐ DELETE  
NAME **STERN, BURTON**  
STREET ADDRESS **222 THIRD ST., #2325**  
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **D** ☐ DELETE  
NAME **RESNICK, ALBERT**  
STREET ADDRESS **5110 KESTRAL PKWY S.**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ DELETE  
NAME **JOBLAN, KEN**  
STREET ADDRESS **1357 RODNEY FRENCH BL.**  
CITY-ST-ZIP **NEW BEDFORD MA 02741**

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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

**SIGNATURE REQUIRED**

**3/31/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034-11/98