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Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000023907 (5)

1. Corporation Name

COLONIAL PALMS THOM MCAN, INC. #7770

Principal Place of Business

933 MAC ARTHUR BLVD  
MAHWAH NY 07430  
US

Mailing Address

933 MACARTHUR BLVD  
MAHWAH NJ 07430  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1995

4. FEI Number

04-3265444

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 67 Millbrook St.

Suite, Apt. #, etc.

22

City & State

23 WORCESTER MA

Zip

24 01606

Country

25 US

2a. Mailing Address

26 67 Millbrook St.

Suite, Apt. #, etc.

27

City & State

28 WORCESTER MA

Zip

29 01606

Country

30 US

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST, 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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	1.1 TITLE	
NAME	ROBINSON, JOHN M	1.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP
NAME	ANDERSON, THEODORE	2.2 NAME	ROACH DONALD V.
STREET ADDRESS	67 MILLBROOK ST	2.3 STREET ADDRESS	933 MACARTHUR BLVD
CITY-ST-ZIP	WORCESTER MA 01606	2.4 CITY-ST-ZIP	MAHWAH NJ 07430
TITLE	VP	3.1 TITLE	
NAME	ROACH, DONALD V	3.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NY	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S
NAME	LUCEY, EDWARD J	4.2 NAME	BAHMAN GERALD
STREET ADDRESS	67 MILLBROOK ST	4.3 STREET ADDRESS	933 MACARTHUR BLVD
CITY-ST-ZIP	WORCESTER MA 01606	4.4 CITY-ST-ZIP	MAHWAH, NJ 07430
TITLE	AS	5.1 TITLE	AS
NAME	BAHMAN, GERALD	5.2 NAME	WILSON, MARY BETH
STREET ADDRESS	933 MACARTHUR BLVD	5.3 STREET ADDRESS	67 Millbrook St.
CITY-ST-ZIP	MAHWAH NJ	5.4 CITY-ST-ZIP	WORCESTER, MA 01606
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Mary Beth Wilson, Secretary of State

508/791-3811

CR2E034 (10/97)