

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 09 1998 8:00am  
Secretary of State

DOCUMENT # **P97000066809 (9)**

1. Corporation Name  
**LOSILLIAS, INC.**

Principal Place of Business

**100 FEDERAL STREET  
01-19-02  
BOSTON MA 02110**

Mailing Address

**100 FEDERAL STREET  
01-19-02  
BOSTON MA 02110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/01/1997**

4. FEI Number

**04-3383835**

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



Yes



No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

**10000263554 1**

**83 -09/09/98--01059--050**

**84 City \*\*\*150.00**

**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 **D** ☐ DELETE

NAME **DUCKETT, DENNIS J**  
STREET ADDRESS **100 FEDERAL STREET**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **D** ☐ DELETE

NAME **GUINEY, ALICE M**  
STREET ADDRESS **100 FEDERAL STREET**  
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **D** ☒ DELETE

NAME **WESTPHAL, MARVIN A**  
STREET ADDRESS **100 FEDERAL STREET**  
CITY-ST-ZIP **BOSTON MA 02110**

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 **DC** ☐ Change ☒ Addition

1.2 NAME **Michael R. Garfield**  
1.3 STREET ADDRESS **100 Federal Street**  
1.4 CITY-ST-ZIP **Boston, MA 02110**

2.1 TITLE **V** ☐ Change ☒ Addition

2.2 NAME **Marvin A. Westphal**  
2.3 STREET ADDRESS **100 Federal Street**  
2.4 CITY-ST-ZIP **Boston, MA 02110**

3.1 TITLE **P** ☐ Change ☒ Addition

3.2 NAME **Dennis J. Duckett**  
3.3 STREET ADDRESS **100 Federal Street**  
3.4 CITY-ST-ZIP **Boston, MA 02110**

4.1 TITLE **AC** ☐ Change ☒ Addition

4.2 NAME **E. Faye Ballou**  
4.3 STREET ADDRESS **100 Federal Street**  
4.4 CITY-ST-ZIP **Boston, MA 02110**

5.1 TITLE **T** ☐ Change ☒ Addition

5.2 NAME **Amy L. Nornan**  
5.3 STREET ADDRESS **100 Federal Street**  
5.4 CITY-ST-ZIP **Boston, MA 02110**

6.1 TITLE **AT** ☐ Change ☒ Addition

6.2 NAME **Christopher Canniff**  
6.3 STREET ADDRESS **100 Federal Street**  
6.4 CITY-ST-ZIP **Boston, MA 02110**

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.

CR2E034 (5/98)

BankBoston, N.A.  
100 Federal Street  
Boston, Massachusetts 02106

PS-2



July 20, 1998

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Losillias, Inc.  
Document # P97000066809

Gentlemen:

Enclosed please find our check in the amount of \$150.00 and the 1998 Annual Report for Losillias, Inc. Please note that the \$400.00 late fee is not included since the first notice of the report was never received by this office.

If you have any questions, please contact me at 617 434-2899.

Sincerely,

E. Faye Ballou  
Assistant Clerk

enclosure