

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836885

Entity Name: FAY, SPOFFORD & THORNDIKE, INC.**Current Principal Place of Business:**5 BURLINGTON WOODS
BURLINGTON, MA 01803**Current Mailing Address:**5 BURLINGTON WOODS
BURLINGTON, MA 01803 US**FEI Number:** 04-2204702**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VTD
Name YANNONI, CHRISTOPHER C
Address 10 SCHOOL WAY
City-State-Zip: BEDFORD MA 01730

Title VD
Name ROACHE, MICHAEL A
Address 56 ATWATER DRIVE
City-State-Zip: E. FALMOUTH MA 02536

Title VD
Name JENKINS, THOMAS D
Address 16 HAWTHORNE STREET
City-State-Zip: WAKEFIELD MA 01880

Title VSD
Name DZENGELEWSKI, LEONARD V
Address 16 ALLEN CIRCLE
City-State-Zip: MILTON MA 02186

Title PRESIDENT
Name HOWE, PETER J
Address 95 MONTGOMERY AVENUE
City-State-Zip: LOWELL MA 01851

Title VP, DIRECTOR
Name REED, WILLIAM J
Address 36 PUDDING BROOK DRIVE
City-State-Zip: PEMBROKE MA 02359

Title VP, DIRECTOR
Name HARRINGTON, PAUL F
Address 56 BEECH STREET
City-State-Zip: BRAINTREE MA 02184

Title VP, DIRECTOR
Name BRANCH, JAMES R
Address P.O. BOX 654
City-State-Zip: NEW YORK NY 10272

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEONARD V. DZENGELEWSKI**SECRETARY****03/16/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	VP, DIRECTOR, ASST. TREASURER	Title	VP, DIRECTOR
Name	MOORE, WILLIAM R	Name	SHEA, BRIAN E
Address	339 COLBURN ROAD	Address	17 PINECONE LANE
City-State-Zip:	TEMPLE NH 03084	City-State-Zip:	SOUTHBOROUGH MA 01772