

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

FILED  
Jul 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 821510 (5)  
1. Corporation Name  
DB RILEY, INC.



Principal Place of Business Mailing Address  
5 NEPONSET STREET 5 NEPONSET STREET  
WORCESTER MASSACHUSETTS 01606 WORCESTER MASSACHUSETTS 01606-2714

3. Date Incorporated or Qualified 06/03/1968 3a. Date of Last Report 04/30/1996  
4. FEI Number 04-1774910 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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)  
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	VSD	<input type="checkbox"/> DELETE
NAME	BRANTL, J.S.	
STREET ADDRESS	5 NEPONSET STREET	
CITY - ST - ZIP	WORCESTER MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRAY, M.	
STREET ADDRESS	5 NEPONSET STREET	
CITY - ST - ZIP	WORCESTER MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JONGELING, G B	
STREET ADDRESS	5 NEPONSET STREET	
CITY - ST - ZIP	WORCESTER MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	ZIOCONI, JOHN B	
STREET ADDRESS	5 NEPONSET ST.	
CITY - ST - ZIP	WORCESTER MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURPHY, M	
STREET ADDRESS	5 NEPONSET ST	
CITY - ST - ZIP	WORCESTER MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See Attached
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000002237960
4.3 STREET ADDRESS	-07/15/97--01004--012
4.4 CITY - ST - ZIP	***550.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 in an attachment with an address.

CR2E034 (9/96)

# DB RILEY, INC.

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## OFFICERS & DIRECTORS

<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>
John J. Halloran	President	5 Neponset Street Worcester, MA 01606
James S. Branti	✓ Vice President Secretary	5 Neponset Street Worcester, MA 01606
John B. Zicconi ✓	Treasurer Controller	5 Neponset Street Worcester, MA 01606
Tancred I. King ✓	Assistant Secretary	5 Neponset Street Worcester, MA 01606

## DIRECTORS

John J. Halloran	5 Neponset Street Worcester, MA 01606
James S. Branti ✓	5 Neponset Street Worcester, MA 01606
John B. Zicconi ✓	5 Neponset Street Worcester, MA 01606