

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Susan H. McMan
Two State House
Tallahassee, Florida 32399-0001

DOCUMENT # **827186** (8)

MAGUIRE GROUP INC.

APPROVED
AND
FILED

95 MAY -1 AM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Business 225 FOXBOROUGH BLVD FOXBOROUGH MA 02035		Mailing Address 225 FOXBOROUGH BLVD FOXBOROUGH MA 02035	
2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 12/16/1971	3a. Date of Last Report 05/01/1994
21. State Apt. # and City & State	26. State Apt. # and City & State	4. FFI Number 05-0318211	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing; Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. City & State	29. City & State	7. Has corporation had liability for corporate tax under S 1091022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

DO NOT WRITE IN THIS SPACE

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. City	
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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD REPETA, RICHARD J. 40 OAK BLUFF AVON CT	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
OFFICER	S COFFEY, JOHN G, SR TWO REGENCY PLACE, STE 4 PROVIDENCE RI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
OFFICER	VD FRITZ, JAMS B. 39 CARRIER CT SOUTHINGTON CT	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
OFFICER	T BUSH, RAYMOND T. 3 HAYFIELD LANE CUMBERLAND RI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
OFFICER	VD CALABRETTA, VICTOR V 11 AMERICA WAY JAMESTOWN RI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
OFFICER	VD MORRISON, PETER 94 MEETING ST PROVIDENCE RI	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is complete, correct and true, and that I am an officer or director of the corporation, or the person or persons authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report as required with an address.

SIGNATURE: **Raymond T. Bush** Treasurer April 28, 1995 (508) 543-1700