

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827186

FILED  
Feb 03, 2004  
Secretary of State

Entity Name: MAGUIRE GROUP INC.

**Current Principal Place of Business:**

225 FOXBOROUGH BLVD  
FOXBOROUGH, MA 02035

**New Principal Place of Business:**

**Current Mailing Address:**

225 FOXBOROUGH BLVD  
FOXBOROUGH, MA 02035

**New Mailing Address:**

FEI Number: 05-0318211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REPETA, RICHARD J.,  
Address: 40 OAK BLUFF  
City-St-Zip: AVON, CT

Title: VP ( ) Delete  
Name: PAPALIA, SHERRILL  
Address: 225 FOXBOROUGH BOULEVARD  
City-St-Zip: FOXBOROUGH, MA 02035

Title: VD ( ) Delete  
Name: FRITZ, JAMS B.,  
Address: 39 CARRIER CT  
City-St-Zip: SOUTHLINGTON, CT

Title: T ( ) Delete  
Name: BUSH, RAYMOND T.,  
Address: 3 HAYFIELD LANE  
City-St-Zip: CUMBERLAND, RI

Title: VD ( ) Delete  
Name: CALABRETTA, VICTOR V,  
Address: 11 AMERICA WAY  
City-St-Zip: JAMESTOWN, RI

Title: VD ( ) Delete  
Name: MORRISON, PETER,  
Address: 94 MEETING ST  
City-St-Zip: PROVIDENCE, RI

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: FRITZ, JAMES B.,  
Address: 39 CARRIER CT  
City-St-Zip: SOUTHLINGTON, CT

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER MORRISON

VD

02/03/2004

Electronic Signature of Signing Officer or Director

Date