


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

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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90159 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 827186**  
 1. Corporation Name  
**MAGUIRE GROUP INC.**

Principal Place of Business 225 FOXBOROUGH BLVD FOXBOROUGH MA 02035	Mailing Address 225 FOXBOROUGH BLVD FOXBOROUGH MA 02035
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/16/1971</b>	
21	22	26	27	4. FEI Number <b>05-0318211</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	24	28	29	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: *R.T. Bush* DATE: **1/15/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPETA, RICHARD J.	1.2 NAME	
STREET ADDRESS	40 OAK BLUFF	1.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFEY, JOHN G, SR	2.2 NAME	
STREET ADDRESS	ONE DAVOL SQUARE	2.3 STREET ADDRESS	225 Foxborough Boulevard
CITY-ST-ZIP	PROVIDENCE RI 02903	2.4 CITY-ST-ZIP	Foxborough, MA 02035
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, JAMS B.	3.2 NAME	
STREET ADDRESS	39 CARRIER CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHINGTON CT	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, RAYMOND T.	4.2 NAME	
STREET ADDRESS	3 HAYFIELD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CUMBERLAND RI	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRETTA, VICTOR V	5.2 NAME	
STREET ADDRESS	11 AMERICA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JAMESTOWN RI	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, PETER	6.2 NAME	
STREET ADDRESS	94 MEETING ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/15/99** (508) 543-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)