

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002823

Entity Name: WESTON & SAMPSON, INC.**Current Principal Place of Business:**5 CENTENNIAL DRIVE
PEABODY, MA 01960**Current Mailing Address:**5 CENTENNIAL DRIVE
PEABODY, MA 01960 US**FEI Number:** 20-1998367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT/ CHIEF EXECUTIVE
OFFICER
Name SCIPIONE, MICHAEL J
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title T
Name SCIPIONE, MICHAEL J
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title D
Name SCIPIONE, MICHAEL J
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title D
Name YANUSKIEWICZ, FRANCIS W
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title D
Name GOOBER, ROBERT A
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title S
Name GOOBER, ROBERT A
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title D
Name BOCCHINO, JR., JOHN A
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR/CHAIRMAN OF THE
BOARD
Name BANKS, PAUL
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

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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: ROBERT A. GOOBER**SECRETARY****04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BOLINGER, EUGENE R
Address 100 FOXBOROUGH BLVD, STE 250
City-State-Zip: FOXBOROUGH MA 02035

Title DIRECTOR/ASSISTANT TREASURER
Name COOK, BARBARA K
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title D
Name WESTER, CHRISTOPHER B
Address 273 DIVIDEND RD
City-State-Zip: ROCKY HILL CT 06067

Title PRESIDENT/ CHIEF EXECUTIVE OFFICER
Name SCIPIONE, MICHAEL J
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

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City-State-Zip: ROCKY HILL CT 06067

Title D
Name MASTROCOLA, RICHARD E
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR & ASSISTANT CLERK
Name RICCIARDI, FRANCIS M
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

Title DIRECTOR
Name JOHANNSEN, STEPHEN D
Address 5 CENTENNIAL DRIVE
City-State-Zip: PEABODY MA 01960

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