

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P11055 (1)
1. Corporation Name
THE FORTRESS CORPORATION

FILED

99 JAN 25 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
ONE DESIGN CENTER PLACE
SUITE 715
BOSTON MA 02210

Mailing Address
ONE DESIGN CENTER PLACE
SUITE 715
BOSTON MA 02210

REINSTATEMENT

3. Date Incorporated or Qualified

08/07/1986

4. FEI Number

59-2519700

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEVIS, JAMES N.
1630 N.E. 1ST AVE.
MIAMI FL 33132

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 D
NAME LEVIS, JAMES N.
STREET ADDRESS ONE DESIGN CENTER PLACE #715
CITY-ST-ZIP BOSTON MA 32210-2313

TITLE TS
NAME HOLLER, DENIS H.
STREET ADDRESS ONE DESIGN CENTER PLACE #715
CITY-ST-ZIP BOSTON MA 32210-2313

TITLE DV
NAME LEVIS-THORNE, LADD M.
STREET ADDRESS ONE DESIGN CENTER PLACE #715
CITY-ST-ZIP BOSTON MA 32210-2313

TITLE P
NAME SNYDER, WILLIAM R
STREET ADDRESS ONE DESIGN CENTER PLACE #715
CITY-ST-ZIP BOSTON MA 02210-2313

TITLE D
NAME O'CONNELL, DAN
STREET ADDRESS 5133 N.W. 93RD DORAL WAY
CITY-ST-ZIP MIAMI FL 33178

TITLE D
NAME WORRELL, PETE
STREET ADDRESS ONE HARBOUR PLACE
CITY-ST-ZIP PORTSMOUTH NH 03801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Ladd M. Levis-Thorne*

1/22/99

617-790-3070

0117821

CR2E034 (5/98)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Corporation Name The Fortress Corporation			
Principal Place of Business One Design Center Place Suite 715 Boston, MA 02210		Mailing Address same	
<small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small>			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
		4. Date Incorporated or Qualified To Do Business in Florida August 7, 1986	
		5. FEI Number 59-2519700	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	James N. Lewis	One Design Center Place, Suite 715	Boston MA 02210
TS	Denis M. Holler	One Design Center Place, Suite 715	Boston MA 02210
DV	Ladd M. Lewis-Thorne	One Design Center Place, Suite 715	Boston MA 02210
P	William R. Snyder	One Design Center Place, Suite 715	Boston MA 02210
D	Dan O'Connell	5133 NW 93rd Doral Way	Miami FL 33178
D	Pete Worrell	One Harbour Place	Portsmouth NH 03801
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
James N. Lewis 1630 N.E. 1st Avenue Miami, FL 33132		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <input type="text" value="FL"/> Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent By: <u>Jim Lewis</u>		Date <u>1/22/99</u>	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <u>Jim Lewis</u>		Date <u>1/22/99</u> Daytime Phone # <u>617-790-3070</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

(2)



3

ACCOUNT NO. : 072100000032

REFERENCE : 109669 4305038

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 908.75

ORDER DATE : January 22, 1999

ORDER TIME : 10:43 AM

ORDER NO. : 109669-015

CUSTOMER NO: 4305038

CUSTOMER: Mary Ann Kramer, Legal Asst
Warner & Stackpole LLP
75 State Street

Boston, MA 02109

DOMESTIC FILINGS

NAME: THE FORTRESS CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

RECEIVED
99 JAN 25 AM 11:28
DIVISION OF CORPORATION