



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138002		2. Name of Corporation Fox Relocation Management Corp.			
3. Street Address Principal Business Office Two Oliver Street			City Boston	State MA	Zip 02109
4. Business Phone No. 617-946-2400		5. State of Incorporation DELAWARE		6. SIC Code 7880	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE RELOCATION, PLANNING AND ADVISORY SERVICES RELATED THERETO TO ALL FORMS OF BUSINESS AND COMMERCIAL ORGANIZATIONS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gretchen P. Fox			Vice President Name Lori Stewart-Coletti		
Street Address Two Oliver Street			Street Address Two Oliver Street		
City Boston	State MA	Zip 02109	City Boston	State MA	Zip 02109
Secretary Name Gretchen P. Fox			Treasurer Name Gretchen P. Fox		
Street Address Two Oliver Street			Street Address Two Oliver Street		
City Boston	State MA	Zip 02109	City Boston	State MA	Zip 02109
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gretchen P. Fox			Director Name		
Street Address Two Oliver Street			Street Address		
City Boston	State MA	Zip 02109	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
30,000	COMM \$01 PAR VALUE		10,000	Common	\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*138002\*

**FILED**

File Date MAR 10 2005  
Check No. \_\_\_\_\_  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY [Initials]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3/2/05  
Signature of Officer Date  
Gretchen P. Fox  
Print or Type Name of Officer  
President  
Title of Officer