

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90286 001 ***300.00

DOCUMENT # 828498

1. Entity Name
H.P. HOOD & SONS, INC.



Principal Place of Business
**90 EVERETT AVE
SUITE 200
CHELSEA MA 02150
US**

Mailing Address
**90 EVERETT AVE
SUITE 200
CHELSEA MA 02150
US**



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **04-2507140** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	BRESTEN, THERESA	
STREET ADDRESS	25 ZACHARY LANE	
CITY-ST-ZIP	READING MA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KANEB, JOHN A.	
STREET ADDRESS	34 MASCONOMO ST	
CITY-ST-ZIP	MANCHESTER MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEATTY, PAUL	
STREET ADDRESS	62 BEACON ST	
CITY-ST-ZIP	BOSTON MA 02108	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, GARY	
STREET ADDRESS	12 SMITH'S POINT RD	
CITY-ST-ZIP	MANCHESTER 01	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANEB, STEPHEN	
STREET ADDRESS	72 HIGHLAND RD	
CITY-ST-ZIP	SOUTH HAMPTON NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE BEQUIRE Treasurer 4/25/03 617-887 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)