2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State
01-16-2003 90068 049 ***150.00

DOCUMENT # 853122

1. Entity Name
BOSTON CONCESSIONS GROUP, INC.

Principal Place of Business	Mailing Address
% GLINSKI, PAUL 111 6TH ST CAMBRIDGE MA 02141 US	111 SIXTH STREET CAMBRIDGE MA 02141

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
55 CAMBRIDGE PARKWAY	55 CAMBRIDGE PARKWAY
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: CAMBRIDGE, MA	City & State: CAMBRIDGE, MA
Zip: 02142 Country: USA	Zip: 02142 Country: USA

4. FEI Number 04-2281482 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS 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 _____ PAUL GLINSKI, T. 1.13.03
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD O'DONNELL, JOSEPH 15 CLAIRMONT STREET BELMONT MA 02178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLRK GLINSKI, PAUL ~~36 WASH POND ROAD~~ ~~HAMPSTEAD NH~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLRK GLINSKI, PAUL 5 BIRDSALL LANE ATKINSON, NH 03811 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARMSTRONG, JOSEPH 8 HAWTHORNE AVENUE WINCHESTER MA 01890	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: _____ PAUL GLINSKI 1.9.02 617-499-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #