FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90196 029 ***150.00

DOCUMENT # F00000001192

1. Entity Name
BLUEFIN MORTGAGE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
99 Rosewood Drive	99 Rosewood Drive
Suite, Apt. #, etc. 270	Suite, Apt. #, etc. 270
City & State: Danvers, Massachusetts	City & State: Danvers, Massachusetts
Zip: 01923 Country: U.S.	Zip: 01923 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2992161 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ELAINE DiBENEDETTO
Street Address (P.O. Box Number is Not Acceptable): 788 PARK SHORE DRIVE, STE B34
City: NAPLES **FL** Zip Code: 34103

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	ROBERT A. McINNES	NAME	
STREET ADDRESS	55 PAINE AVE, PRIDES CROSSING, MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T	TITLE	
NAME	ALBERT A. PARE', III	NAME	
STREET ADDRESS	32 ANNAPOLIS WAY, NEWBURY, MA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] TREAS. ALBERT A. PARE', III 3-8-02 1-978-777-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #