2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90162 029 ***150.00

DOCUMENT # F00000001192

1. Entity Name
BLUEFIN MORTGAGE CORP.

Principal Place of Business	Mailing Address
99 ROSEWOOD DR., STE 270 DANVERS MA 01923	99 ROSEWOOD DR., STE 270 DANVERS MA 01923

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
300 ROSEWOOD DRIVE	300 ROSEWOOD DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANVERS, MASSACHUSETTS	City & State: DANVERS, MASSACHUSETTS
Zip: 01923 Country:	Zip: 01923 Country:

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

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

6. Name and Address of Current Registered Agent
DIBENEDETTO, ELAINE
788 PARK SHORE DRIVE, STE B34
NAPLES FL 34103

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
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	PD MCINNES, ROBERT A 55 PAINE AVE. PRIDES CROSSING MA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARE III, ALBERT 32 ANNAPOLIS WAY NEWBURY MA	☐ 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
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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: SIGNATURE REQUIRED Albert A. Pare III 3-4-03 1-978-777-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #