2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 12, 2001 8:00 am DOCUMENT # F97000004724 **Secretary of State** JOHN B. SULLIVAN, JR. CORPORATION OF NH. INC. 02-12-2001 90233 008 ***150.00 Principal Place of Business Mailing Address 25 SOUTH RIVER RD 25 SOUTH RIVER RD PO BOX 10716 PO BOX 10716 BEDFORD NH 03110 BEDFORD NH 03110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State . 4. FEI Number 02-0358793 Not Applicable Country. Country \$8.75 Additional 5. Certificate of Status Desired , Fee Required 6. Name and Address of Current Registered Agent, 7. Name and Address of New Registered Agent Name SULLIVAN, JOHN B SR Street Address (P.O. Box Number is Not Acceptable) . 633 ISLE OF PALMS DRIVE FORT LAUDERDALE FL 33301 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ;R2E034 (10/00) TITLE ☐ Delete SULLIVAN, JOHN B JR NAME NAME 4 RIDGEWOOD LANE STREET ADDRESS STREET ADDRESS 4 Atwood Lane Bedford, NH 03110 CITY-ST-ZIP BEDFORD NH 03110 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition SULLIVAN, THOMAS F NAME NAME 303 Cross Street 25 KING ROAD STREET ADDRESS STREET ADDRESS BEDFORD NH 03110 CITY-ST-ZIP Belmont, MA 02478 CITY-ST-ZIP ST ---------TITLE: ----- C Change Addition -SULLIVAN, JOHN F NAME NAME **6 WHITEHALL TERRACE** STREET ADDRESS STREET ADDRESS 4 Second Street Bedford, NH 03110 CITY-ST-ZIP HOOKSETT NH 03106 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

FILED