FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90030 045 ***150.00

DOCUMENT # J40085

1. Entity Name
INTEGRA ENTERPRISES CORPORATION

DO NOT WRITE IN THIS SPACE

44003606

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
8 Strathmore Road	8 Strathmore Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Natick, Massachusetts	City & State: Natick, Massachusetts	4. FEI Number: 59-2768338 ☐ Applied For ☐ Not Applicable
Zip: 01760-2419 Country: USA	Zip: 01760-2419 Country: USA	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable):
1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D/P/T	TITLE	
NAME	Walter J. Schneider	NAME	
STREET ADDRESS	8 Strathmore Road	STREET ADDRESS	
CITY-ST-ZIP	Natick, MA 01760-2419	CITY-ST-ZIP	
TITLE	D/C	TITLE	
NAME	Frank J. Polzler	NAME	
STREET ADDRESS	8 Strathmore Road	STREET ADDRESS	
CITY-ST-ZIP	Natick, MA 01760-2419	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Ross S. Silverstein	NAME	
STREET ADDRESS	8 Strathmore Road	STREET ADDRESS	
CITY-ST-ZIP	Natick, MA 01760-2419	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Gail Rider	NAME	
STREET ADDRESS	8 Strathmore Road	STREET ADDRESS	
CITY-ST-ZIP	Natick, MA 01760-2419	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	Judith A. Solomon	NAME	
STREET ADDRESS	8 Strathmore Road	STREET ADDRESS	
CITY-ST-ZIP	Natick, MA 01760-2419	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Judith A. Solomon 1/16/04 (508) 655-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY
Date Daytime Phone #