## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2002 8:00 am <sup>§</sup> Secretary of State DOCUMENT # M0000001145 1. Entity Name 01-24-2002 90358 015 \*\*\*\*55.00 THE TALARIA COMPANY, LLC Principal Place of Business Mailing Address ONE INTERNATIONAL PLACE ONE INTERNATIONAL PLACE **BOSTON MA 02110** BOSTON MA 02110 2. Principal Place of Business 3. Mailing Address 30 Rowes What <u>30 Rowes</u> Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 01-0523447 MA Koston Boston Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 02110 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ☐ Addition TITLE MGR TITLE Change ☐ Delete NAME NAME SPAULDING, ALEXANDER H 30 Rowes Wharf STREET ADDRESS STREET ADDRESS ONE INTERNATIONAL PLACE CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02110** X Change ☐ Addition MGR □ Delete TITLE TITLE NAME NAME WILLARD, RALPH 30 Zowes Wharf STREET ADDRESS STREET ADDRESS ONE INTERNATIONAL PLACE CITY-ST-7IP CITY-ST-7IP **BOSTON MA 02110** MGR ☐ Delete TITLE Change ☐ Addition NAME BAIN, WILLARD NAME 20 Zowes What STREET ADDRESS STREET ADDRESS ONE INTERNATIONAL PLACE CITY-ST-ZIP CITY-ST-7IP **BOSTON MA 02110** MA OZILO ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME , NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED