FILED Aug 06, 2001 8:00 am Secretary of State 08-06-2001 90003 010 ***550.00

2001 UNIFORM BUSINESS REPORT (UE	3R
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DOCUMENT #

1. Entity Name NWI INVESTIGATIVE GROU	P, INC.	v
Principal Place of Business	Malling Address	
500 W CUMMINGS PARK STE 4000 WOBURN MA 01801 US	500 w cummings park Ste 4000 Woburn ma 01801 Us	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

L									
Principal Pla	ce of Business	Mailing Address							
500 W CUMA	IINGS PARK	500 W CUMMINGS PARK							
STE 4000		STE 4000							
Woburn Ma Us	01801	WOBURN MA 01801				T TRANSPORTUNIO TERM BIBLI ABBIT DE	III eie li eie c		J e ri A rahi J ac i
		US							
Principal Place of Business 3. Mailing Address			İ		r innernari inn likin itari minis halifi da) 419 6 19	1	IVII VIBII IBVI	
Suite, Apt	#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE								
City & Sta	te	City & State			4. FE	04-2756990	Applied For Not Applica		oplied For ot Applicable
Zip	Country	Zip	Country		5. Ce	ertificate of Status Desired		8.75 Add	
	6. Name and Address of Current R	egistered Agent			7. Na	me and Address of New Regi		•	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N	ame					
CT CORP	ORATION SYSTEM		- 9	treet Address (P	2 () Bo	x Number is Not Acceptable)			
1200 S. F	PINE ISLAND ROAD		L			x (validaci is riot Acceptable)			
PLANTAT	ION FL 33324								
			С	ity			FL	Zip Cod	e
8. The above	e named entity submits this statement for	the nurpose of changing its re	agistered of	ffice or registero	nd agor	at or both in the State of Florida		<u> </u>	
	The modernity bushing the state month for	and purpose of changing its re	gistered U	ilice or registere	a ager	it, or both, in the state of Florida	J .		}
SIGNATURE									
·	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: F	Registered Age	nt signature required w	when reins	stating)	DATE	* •	
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS	\$550.00					
Tax filing requirement and elects to do so. After September 12, 2		2001 Fee	will be \$750.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🗆		May Be	
(See crite	ria on back)	Make Check Payable	to Depar	tment of State	9	ridat i dila continuation.		Audeu	i to rees
11.	OFFICERS AND D	IRECTORS	12.		ADDI	TIONS/CHANGES TO OFFICE	RS AND D	PIRECTOR	3 IN 11
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NAME	STEPPER, EDWARD J.	□ Delete	NAME				L	☐ Change	☐ Addition
STREET ADDRESS	11 CINNAMON DR		STREET ADI	DRESS					
CITY-ST-ZIP	N BILLERICA MA		CITY-ST-Z	IP]
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NAME STREET ADDRESS	•		NAME						
CITY-ST-ZIP			STREET ADD	1					
			VIII-01-21	' I					

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.

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