FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2002 8:00 am § Secretary of State P96000030290 DOCUMENT # 1. Entity Name 03-24-2002 90059 025 ***150.00 WOOD AND ZAPATA, INC. Principal Place of Business Mailing Address 100 SOUTH STREET 100 SOUTH STREET **BOSTON MA 02111 BOSTON MA 02111** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0655611 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7:-Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. **PLANTATION FL 33324** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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. ☐ Change ☐ Addition TITLE Delete TITLE WOOD, BENJAMIN NAME NAME **368 CONGRESS STREET** STREET ADDRÉSS STREET ADDRESS **BOSTON MA 02110** CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change TITLE DT Delete TITLE NAME ZAPATA, CARLOS NAME STREET ADDRESS **368 CONGRESS STREET** STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02110** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete KOFF, MELISSA NAME NAME STREET ADDRESS STREET ADDRESS 368 CONGRESS STREET CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02110** Delete Change TITI F ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINT CNING OFFICER OR DIRECTOR

changed, or on an attack

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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the respective for trustee empty wered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

(9/01)