2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087911 May 31, 2000 8:00 am Secretary of State 9TH STREET NORTH COMPANY 05-31-2000 90023 003 ***150.00 Principal Place of Business Mailing Address 57 OLD COUNTY RD., N. 94-WILFRED E. GARDNER 20 WILLIAM STREET, SUITE 120 NEWBURY NH 03255 WELLESLEY MA 02481-4103 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Le asam 4. FEI Number Applied For City & State 04-16407.10 NATICK Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Ш (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition PTD ☐ Delete TITLE Change TITLE KANE, CHARLES F NAME NAME STREET ADDRESS STREET ADDRESS 57 OLD COUNTY RD NO CITY-ST-ZIP CITY-ST-ZIP **NEWBURY NH** ☐ Addition Change TITLE □ Delete NAME KANE, CHARLES F JR 1 BEACON STR ... STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOSTON MA** ☐ Change ☐ Addition ☐ Delete TITLE KANE, CONSTANCE F NAME NAME STREET ADDRESS STREET ADDRESS 1 BEACON STR CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** noitibbA [1] Delete TITLE TITLE GARBNER WEFRED E NAME NAME STREET ADDRESS STREET ADDRESS 76-CARBENTED-01760 CITY-ST-ZIP CITY-ST-ZIP WELLECLEY HILLS MA Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE TITLE ☐ Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP