

2023 FOREIGN NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F22000006941

Entity Name: TOOLS OF THE MIND, INC.

Current Principal Place of Business:

219 CEDAR STREET
HOLLISTON, MA 01746

Current Mailing Address:

P.O. BOX 829
SHIRLEY, MA 01464 US

FEI Number: 83-2864497

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N
SUITE 300
ST. PETERSBURG, FL 33701 US

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: DAVID ROBERTS

10/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FOOTE, NATHANIEL
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title PRESIDENT
Name LEONG, DEBORAH
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title SECRETARY, DIRECTOR
Name WILDER-SMITH, BARBARA
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title TREASURER
Name CADIGAN, CYNTHIA
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title DIRECTOR
Name GALINSKY, ELLEN
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title DIRECTOR
Name HOLGUIN, ELSA
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title DIRECTOR
Name JONES, JACQUELINE
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

Title DIRECTOR
Name AARO, TOM
Address 219 CEDAR STREET
City-State-Zip: HOLLISTON MA 01746

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA CADIGAN

TREASURER

10/23/2023

Electronic Signature of Signing Officer/Director Detail

Date