

**2015 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000000379

**Entity Name:** EXTREME REACH, INC.

**Current Principal Place of Business:**

75 SECOND AVENUE, SUITE 720  
NEEDHAM, MA 02494

**Current Mailing Address:**

75 SECOND AVENUE, SUITE 720  
NEEDHAM, MA 02494 US

**FEI Number:** 26-0295932

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLOECKNER, BRIAN  
1037 BARBARA AVENUE  
JACKSONVILLE, FL 32207 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:** BRIAN KLOECKNER

04/17/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, CEO, DIRECTOR  
Name ROLAND, JOHN  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title EXECUTIVE SECRETARY,  
TREASURER, VP, DIRECTOR  
Name CONLEY, TIMOTHY A  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title DIRECTOR  
Name PEAKE, WORD D  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title DIRECTOR  
Name COLLATOS, WILLIAM  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title DIRECTOR  
Name HELLER, JAKE  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title DIRECTOR  
Name MACISAAC, THOMAS  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title CFO  
Name GREINER, MICHAEL  
Address 75 SECOND AVENUE  
SUITE 720  
City-State-Zip: NEEDHAM MA 02494

Title ASST. SECRETARY  
Name MAGUIRE, TIMOTHY C.  
Address C/O PIERCE ATWOOD LLP  
100 SUMMER STREET SUITE # 2250  
City-State-Zip: BOSTON MA 02110

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY C. MAGUIRE

ASST. SECRETARY

04/17/2015

Electronic Signature of Signing Officer/Director Detail

Date