

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811097

1. Entity Name
H.P. HOOD, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90211 001 ***300.00

Principal Place of Business Mailing Address
90 EVERETT AVE 90 EVERETT AVE
SUITE 200 SUITE 200
CHELSEA MA 02150 CHELSEA MA 02150-2337
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 04-1450950 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete
NAME GANEK, MARC E
STREET ADDRESS 7 ZAMBOM TERR
CITY-ST-ZIP ANDOVER MA 01812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME KANEB, JOHN A.
STREET ADDRESS 34 MASCONOMO ST
CITY-ST-ZIP MANCHESTER MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME STEPHEN, JEFFREY W.
STREET ADDRESS 12 FULLER FARMS RD
CITY-ST-ZIP TOPSFIELD MA 01983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MUSIAL, GARY
STREET ADDRESS 4034 PAWNEE DR
CITY-ST-ZIP LIVERPOOL NY

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME BRESTEN, THERESA M
STREET ADDRESS 25 ZACHARY LANE
CITY-ST-ZIP READING MA

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME GARY KANEB
STREET ADDRESS 5 GALES POINT RD.
CITY-ST-ZIP MANCHESTER, MA 01944

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.

SIGNATURE: Theresa M. Bresten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00 617-887-3000
Date Daytime Phone #

CR2E034 (9/99)