

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811097

1. Entity Name  
HP HOOD INC.

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90200 001 \*\*\*300.00

Principal Place of Business  
90 EVERETT AVE  
SUITE 200  
CHELSEA MA 02150  
US

Mailing Address  
90 EVERETT AVE  
SUITE 200  
CHELSEA MA 02150  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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  
NAME GANEK, MARC E  
STREET ADDRESS 7 ZAMBOM TERR  
CITY-ST-ZIP ANDOVER MA 01812 ☒ Delete

TITLE Paul Beatty  
NAME Secretary ☐ Change ☒ Addition  
STREET ADDRESS 62 Beacon St  
CITY-ST-ZIP Boston MA 02108

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

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

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

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

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

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

TITLE D  
NAME KANEK, GARY  
STREET ADDRESS 5 GALES POINT ROAD  
CITY-ST-ZIP MANCHESTER MA 01944 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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  
Treasurer

4/29/02 617-887-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)