2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2000 8:00 am Secretary of State DOCUMENT # 838391 i. Entity Name AMGRO, INC. 05-10-2000 90132 029 ***150.00 rincipal Place of Business Mailing Address 100 N PKWY O. BOX 15089 P. O. BOX 15089 WORCESTER MA 01615-0089 FSTER MA 01615-0089 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-2457427 Not Applicable \$8.75 Additional Country Zip Country 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 S. PINE ISLAND ROAD PLANTATION FL 33324 . 45 Zip Code 1. 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. 14 Sept 1 Sept 1 SIGNATURE . Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. íí. CR2E034 (9/99) Addition ☐ Change ☐ Delete TITLE HILL D HOWARD, DENNIS P NAME Patterson, David M. STREET ANDRESS **GROVE & NEWTON STS.** STREET ADDRESS 5 Stone Tower Lane CITY-ST-ZIP ST - ZIP BARRE MA 01005 Barrington, RI 02806 ★ Addition ☐ Delete ☐ Change TITLE CHARBONEAU, KAREN A NAME May, J. Barry STREET ADDRESS SHILL ADDRESS 146 BRICKYARD ROAD 10 Michael Lane Sterling, MA 01564 CITY-ST-ZIP ST 7IP NO GROSVENORDALE CT 06255 Change - Addition **VP** Detete : TITLE TITLE BIGWOOD, RUSSELL M NAME Howard, Dennis P. STREET ADDRESS Loss of Annaess 407-2 GREAT RD 21 Pleasant Street CITY-ST-ZIP ST ZIP ACTON MA 01720 Sagamore, MA 02561 ☐ Addition Delete TITLE CAHILL, JR., WILLIAM J NAME STREET ADDRESS 10 OLD PLANTERS ROAD 41111111 13 CITY-ST-7IP ST ZIP **BEVERLY MA 01915** ☐ Change ☐ Addition **™**Delete AS TITLE ST. HILAIRE, SHEILA B NAME STREET ADDRESS der i Annerse 39 HIGH STREET CITY-ST-ZIP ST-ZIP **GARDNER MA 01440** ☐ Change ☐ Addition **∠** Delete TITLE NYBERG, STEVEN L NAME SZERODA EL HEZ 22 CHAPIN ROAD STREET ADDRESS CITY-ST-ZIP **BARRINGTON RI** i.3. 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.

SGNATURE AND TYPED CHERTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (508)757-1628