2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 843130 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHEAST CARLSON ASSOCIATES, INC. 03-13-2000 90014 049 ***150.00 Principal Place of Business Mailing Address r 959 CONCORD ST 959 CONCORD ST 2ND FLOOR 2ND FLÖOR FRAMINGHAM MA 01701 FRAMINGHAM MA 01701-4682 US 2. Principal Place of Business 3. Mailing Address 17210 CAMPBELL RO. 7210 CAMPBELL Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE à SUITE 260 City & State Applied For City & State 4. FEI Number 04-2263310 DALLAS DALLAS Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 75252 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 Zin Code FL 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) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE HUNTER, DANIEL NAME NAME 17210 CAMPBELL RO., #260 STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR DALLAS, TX 75252 CITY-ST-ZIP CITY-ST-ZIP FRAMINGHAM MA 01701 ☐ Addition ☐ Delete TITLE TITLE JOHNSON, WILLIAM R NAME NAME 17210 CAMPBELL RD., #Z60 STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR CITY-ST-7IP CITY-ST-7IP DALLAS, TX 75252 FRAMINGHAM MA 01701 Change - - - Addition 🛹 🚅 🖸 Delete TITLE TITLE -NAME FRASER, WILLIAM NAME 17210 CAMPBELL RD., # 260 STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR CITY-ST-7IP DALLAS, TX 75252 CITY-ST-ZIP FRAMINGHAM MA 01701 🛣 Delete Change Addition TITLE NAME HEALEY, KEVIN NAME STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR CITY-ST-ZIP CITY-ST-ZIP FRAMINGHAM MA 01701 SECRE TARY Delete TITLE ___.Change M Addition MICHAEL ROSEN KRAUSS, STEPHEN NAME 17210 CAMPBELL RD., #260 STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR CITY-ST-ZIP DALLAS: TX 75252 CITY-ST-ZIP FRAMINGHAM MA 01701 **Change** ☐ Addition TITLE Delete TITLE NAME MELAS, GEORGE 17210 CAMPBELL RD., #260 STREET ADDRESS STREET ADDRESS 959 CONCORD ST 2ND FLOOR DALLAS, TX 75252 CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRAMINGHAM MA 01701