2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 843356** U.S. BOSTON CAPITAL CORPORATION 01-29-2001 90138 028 ***150.00 Principal Place of Business Mailing Address LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN NORTH/ 55 OLD BEDFORD RD LINCOLN'MA 01773 LINCOLN MA 01773 2. Principal Place of Business 3. Mailing/Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2464763 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Μ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change UMPHREY, WILLARD L NAME NAME STREET ADDRESS LINCOLN NORTH, 55 OLD BEDFORD RD STREET ADDRESS LINCOLN MA 01773 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition OKUROWSKI, LEON NAME NAME STREET ADDRESS LINCOLN N 55 OLD BEDFORD STREET ADDRESS LINCOLN MA CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE Secretary Change ☐ Addition HIGGINS, CAROL A. NAME NAME STREET ADDRESS LINCOLN N 55 OLD BEDFORD STREET ADDRESS CITY-ST-ZIP LINCOLN MA City-St-7iP TITLE ☐ Delete TITLE X Addition NAME NAME Frederick S. Marius incoln North 55 old Beaford Road STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

Frederick S. Marius Julaco 1 781-259-1144 ED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR