

D0200000000001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

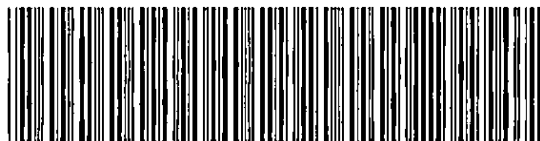
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: CCC Financing I Trust

Name of Trust

DOCUMENT NUMBER: D02000000001

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachael Charest

Name of Contact Person

Sullivan & Worcester LLP

Firm/Company

One Post Office Square

Address

Boston, MA 02109

City/State and Zip Code

rcharest@sullivanlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael Charest

at (

617

338-2868

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 510  
Tallahassee, FL 32303

Declaration of Trust  
APPLICATION BY Declaration of Trust TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 609 F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

D02000000001

\_\_\_\_\_  
(Document number of Trust (if known))

1. CCC Financing I Trust  
\_\_\_\_\_  
(Name of Trust as it appears on the records of the Department of State)

2. Maryland 3. 01/08/2002  
\_\_\_\_\_  
(Formed under laws of) (Date authorized to do business in Florida)

**SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the trust, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 609, indicate that change:

Please see Exhibit A for amendment to the principal address of the foreign trust.

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Chief Financial Officer & Treasurer	Richard W. Siedel, Jr.	Two Newton Place, 255 Washington Street, Suite 300	<input type="checkbox"/> Add
		Newton, MA 02458	<input checked="" type="checkbox"/> Remove
Chief Financial Officer & Treasurer	Matthew C. Brown	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
President and Chief Operating Officer	Jennifer F. Francis	Two Newton Place, 255 Washington Street, Suite 300	<input type="checkbox"/> Add
		Newton, MA 02458	<input checked="" type="checkbox"/> Remove
President and Chief Executive Officer	Christopher J. Bilotto	Two Newton Place, 255 Washington Street, Suite 300	<input checked="" type="checkbox"/> Add
		Newton, MA 02458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

*Matthew C. Brown*

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Chief Financial Officer and Treasurer

(Typed or printed name of person signing)

(Title of person signing)

Matthew C. Brown

**FILING FEE \$35.00**

**Exhibit A**

The principal address of the foreign trust is hereby amended to:

Two Newton Place  
255 Washington Street, Suite 300  
Newton, MA 02458