

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000000555

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: SHERWOOD MORTGAGE GROUP, INC.

## Current Principal Place of Business:

ONE ARARAT STREET  
WORCESTER, MA 01606

## New Principal Place of Business:

## Current Mailing Address:

ONE ARARAT STREET  
WORCESTER, MA 01606

## New Mailing Address:

FEI Number: 04-2727674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'BRIEN, THERESA C  
20244 MELVILLE STREET  
ORLANDO, FL 32833 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCT ( ) Delete  
Name: SHUSAS, GARY A  
Address: 101 MT. VERNON STREET, UNIT 1  
City-St-Zip: BOSTON, MA 02108

Title: V ( ) Delete  
Name: SHUSAS, LINDA I  
Address: 101 MT. VERNON STREET, UNIT 1  
City-St-Zip: BOSTON, MA 02108

Title: S ( ) Delete  
Name: HOLMQUIST, ARTHUR S  
Address: 1093 MAIN STREET  
City-St-Zip: HOLDEN, MA 01520

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: BATES, LINDA I  
Address: 101 MT. VERNON STREET, UNIT 1  
City-St-Zip: BOSTON, MA 02108

Title: S (X) Change ( ) Addition  
Name: HOLMQUIST, ARTHUR S  
Address: 54 WENUS DRIVE  
City-St-Zip: WORCESTER, MA 01605

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY A SHUSAS

PCT

04/29/2003

Electronic Signature of Signing Officer or Director

Date