FILED

07/22/01

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all other like empowered.

NGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 29, 2001 8:00 am DOCUMENT # F0000003043 **Secretary of State** BIZFON, INC. 3-29-2001 90384 022 \*\*\*150.00 Principal Place of Business Mailing Address 50 STILES ROAD 50 STILES ROAD SALEM NH 03079 SALEM NH 03079 134529 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 02-0493702 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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. PRESIDENT-CEO, DIRECTOR Addition ☐ Change Delete TITLE TITLE MEDAGLIA, ANTHONY J JR. Wall Bries Road NAME NAME 101 FEDERAL STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02110** em, NH 030 **PCEO** Delete TITLE Change TITI E ceretary GABRIELSEN, DAVID NAME NAME STREET ADDRESS 50 STILES ROAD STREET ADDRESS Ston, MA **SALEM NH 03079** CITY-ST-ZIP CITY-ST-ZIP CTO Delete Addition TITLE \_ \_\_\_\_ Change TITI F SANTEUSANIO, PETER NAME ek. Flanagan NAME STREET ADDRESS 50 STILES ROAD STREET ADDRESS **SALEM NH 03079** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE GRIMES, D. MICHAEL NAME NAME I WHE ROAD 37 RAVINE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLESLEY HILLS MA 02481 CITY-ST-7IP Delete Addition TITLE TITLE ☐ Change DICKINSON, CHARLES A NAME NAME MIKSTRUT 604 POND ROAD STREET ADDRESS STREET ADDRESS ston. ua 02109 CITY-ST-ZIP CITY-ST-ZIP WILLIAMSTOWN VT 05679 Delete ☐ Change Addition TITLE TITLE sam McKay street NAME FILLAT, ANDREW I NAME 75 STATE STREET STREET ADDRESS STREET ADDRESS **BOSTON MA 02109** CITY-ST-ZIP 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