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

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F0000003742 1. Entity Name BELENOS, INC. 04-30-2001 90124 010 \*\*\*150.00 Principal Place of Business Mailing Address 320 CONGRESS STREET 320 CONGRESS STREET **BOSTON MA 02210** BOSTON MA 02210 2. Principal Place of Business · 3. Mailing Address naress Street same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE -100R City & State City & State Applied For 4. FEI Number 04-3426156 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 02210 7. Name and Address of New Registered Agent 6. Name and Address of Current 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE-NOW!!!aFEE-IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 OFFICERS AND DIRECTORS 12. 11. PTD Addition ☐ Change ☐ Delete TITLE TITLE mark Kennelleyd 320 Congress Street Boston, MA 0221 mark COSTELLO, BRIAN P NAME NAME STREET ADDRESS 320 CONGRESS STREET STREET ADDRESS MA 02210 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02210** ☐ Delete Change TITLE David Scanlan, J DAY, JOHN E NAME NAME 320 Congress Street 320 CONGRESS STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Bastan, MA 02210 **BOSTON MA 02210** ☐ Addition Delete TITLE ☐ Change TITLE RANALLI, ROBERT J NAME NAME STREET ADDRESS 320 CONGRESS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02210** Change ☐ Addition Detete TITLE TITLE COBURN, THEODORE J NAME NAME STREET ADDRESS 320 CONGRESS STREET STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP BOSTON, MA: 02210\_ ☐ Addition ☐ Change Delete TITLE TITLE GROCHOW, JERROLD M NAME NAME STREET ADDRESS STREET ADDRESS 320 CONGRESS STREET CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02210** ☐ Change ☐ Delete TITLE Addition TITLE GARDNER, TED A NAME NAME STREET ADDRESS 320 CONGRESS STREET STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP **BOSTON MA 02210** I hereby certify that the information supplied with this (ling 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 DIRECTO