

DOCUMENT # F00000006250

1. Entity Name

MEP MANAGEMENT SERVICES, INC.

Principal Place of Business

87 WINTHROP STREET  
AUGUSTA ME 04330

Mailing Address

87 WINTHROP STREET  
AUGUSTA ME 04330

2. Principal Place of Business

87 WINTHROP STREET  
AUGUSTA ME 04330

3. Mailing Address 87 WINTHROP STR.

AUGUSTA ME 04330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

01-0529870

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	RODRIGUE, RODNEY P	
STREET ADDRESS	87 WINTHROP STREET	
CITY-ST-ZIP	AUGUSTA ME	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DELLA-PUPA, OLGA	
STREET ADDRESS	500 WEST CUMMINS PARK, STE 4000	
CITY-ST-ZIP	WOBBURN MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOSHER, MURIEL	
STREET ADDRESS	500 WEST CUMMINS PARK, STE 4000	
CITY-ST-ZIP	WOBBURN MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	WADSWORTH, PHIL	
STREET ADDRESS	500 WEST CUMMINS PARK, STE 4000	
CITY-ST-ZIP	WOBBURN MA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	RAESSLER, CLAUDIA D	
STREET ADDRESS	ONE PORTLAND SQUARE	
CITY-ST-ZIP	PORTLAND ME	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		04330
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		02180
TITLE	MOSHER, MURIEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	87 WINTHROP STREET	
STREET ADDRESS	AUGUSTA ME 04330	
CITY-ST-ZIP		
TITLE	WADSWORTH, PHILIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	87 WINTHROP STREET	
STREET ADDRESS	AUGUSTA ME 04330	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		04101
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS MC BRIERTY	
STREET ADDRESS	87 WINTHROP STREET	
CITY-ST-ZIP	AUGUSTA ME 04330	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OLGA DELLA-PUPA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/01

Date

(781) 376-0028

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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