

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90046 035 \*\*\*\*61.25

**DOCUMENT #** *F00000006250*

**1. Entity Name**

MEP MANAGEMENT SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

**90002064**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

87 Winthrop Street

Suite, Apt. #, etc.

**3. Mailing Address**

One Portland Square

Suite, Apt. #, etc.

P.O. Box 586

City & State  
Augusta, ME

City & State  
Portland, ME

**4. FEI Number**

01-0529870

Applied For

Not Applicable

Zip  
04330

Country  
USA

Zip  
04112-0586

Country  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name CT\_Corporation\_System

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

1200 South Pine Island Road

City Plantation

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D Rodrigue, Rodney P. 87 Winthrop Street Augusta, ME 04330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/CFO Della-Pupa, Olga 500 West Cummings Park, STE. 4000 Woburn, MA 01801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mosher, Muriel 87 Winthrop Street Augusta, ME 04330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Shehata, Terry 87 Winthrop Street Augusta, ME 04330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Karvonides, Nicholas 87 Winthrop Street Augusta, ME 04330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* See Exhibit A attached for additional officers

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudia D. Raessler

(207) 253-4706

Date

Daytime Phone #

CR2E037B (12/02)

90002064

Attachment

Exhibit A

MEP MANAGEMENT SERVICES, INC.

#F000000650

Additional Officers

<u>Title</u>	<u>Name</u>	<u>Address</u>
V	DON CHAPPELL	164 MIDDLE STREET, SUITE 5 PORTLAND, ME 04101
AS	RAESSLER, CLAUDIA D.	ONE PORTLAND SQUARE, P.O. BOX 586 PORTLAND, ME 04112-0586