2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90039 041 ***150.00

DOCUMENT # F01000001015

1. Entity Name
COOLEY, INCORPORATED

Principal Place of Business	Mailing Address
50 ESTEN AVENUE PAWTUCKET, RI 02862	50 ESTEN AVENUE PAWTUCKET, RI 02862

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01072004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0124330 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	P ☒ Change ☐ Addition
NAME	FAY, GEORGE M	NAME	SIENER, JR, P. ROBERT
STREET ADDRESS	50 ESTEN AVENUE	STREET ADDRESS	50 ESTEN AVENUE
CITY-ST-ZIP	PAWTUCKET, RI 02862	CITY-ST-ZIP	PAWTUCKET, RI 02862
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FARMER, MALCOLM III	NAME	
STREET ADDRESS	50 ESTEN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI 02862	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HARRIS, DON	NAME	
STREET ADDRESS	50 ESTEN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI 02862	CITY-ST-ZIP	
TITLE	C ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIENER, JR, P. ROBERT	NAME	
STREET ADDRESS	50 ESTEN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PAWTUCKET, RI 02862	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #