2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

| DOCUMENT # F01000001619 1. Entity Name CUTLER DESIGN, INC. | | | | | 02-15-2008 90003 041 ***150.00 | | | | |
|--|--|---|-------------------------------|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 43 HARVARD STREET WORGESTER; MA* 01615 | | | 5) | ' #2 4 | | | | | |
| 2. Principal P | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | _ | 01032008 Chg-P | CR2E03 | 4 (12/06) | 4 | |
| City & State | | City & State | | | 4. FEI Number 04-2987437 | | <u> </u> | olied For Applicable | |
| Zip | Country 6. Name and Address of Current | Zíp | Country | | 5. Certificate of Status Des | illed [] è | 8.75 Addi ee Required | | |
| | Name | 7. Name and Address of New Registered Agent | | | | | | | |
| CT CORP | ORATION SYSTEM | | Name | Name | | | | | |
| C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 | | | Street Add | 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 according to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with; and according to the purpose of changing its registered agent, or both, in the State of Florida. | | | | | | | | and accept | |
| the obligations of registered agent. | | | | | | | | | |
| SIGNATURE 2019 Control of the Contro | | | | | | | | | |
| * 1 * 11 0 | Signature, typed or printed name of registered agent a | when reinstating) | DATE! | Atomi <u>Cokres</u> i | Clitheus in early | | | | |
| 9. Election Campaign Financing Trust Fund Contribution. | | | | | 00 May 8e ed to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS ; | 11. | | ADDITIONS/CHANGES TO | O OFFICERS AND I | PIRECTORS | IN 115, 3 | |
| TITLE | TD Delete Tfi | | | | THE R. P. LEWIS CO., LANSING, MICH. | THE RESERVE THE PARTY AND PROPERTY. | Change | Addition | |
| NAME . STREET ADDRESS | MULLIGAN, FREDERIC 1 OTSEGO RD | | NAME STREET ADORESS | | | | | | |
| CITY-ST-ZIP | WORCESTER, MA | | CITY-ST-ZIP | | | | |) | |
| TITLE | S | ☐ Delete | TITLE | | - | | Change | Addition | |
| NAME | GRAHAM, ROBERT NAI | | | | | | | | |
| STREET ADDRESS CHY+ST+ZIP | 601 ALDRICH STREET SIR UXBRIDGE, MA CITY | | | | | | | | |
| TITLE | PD PD | □ Delete | CITY-S1-ZIP | | | | Change | Addition | |
| NAME | TAYLOR, ROBERT J | C) Deliste | | 1 0/ | OBERT TAYLOR | | Change | | |
| STREET ADDRESS | • | | | U. KI | JEERT TATLUK | | | | |
| CITY-ST-ZIP | WELLESLEY, MA | | CITY-S1-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ∐ Change | Addition | |
| name Street address | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | ļ | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME . | , | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | A to Bar of Assessment Assessment | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| | HD | TAGENT TOTAL | | * *- | 173 ha al Co 3.0 (1773 h | 20 20 1 1020 171 Val. 77 1 | Change e | Addition | |
| NAME | Gurtha WO | Druggious L. Delete | NAME | | ADDITIONS/OHANGES IN | O CARROLLES AND | Change_r; | : (CLI Addition | |
| STREET ADDRESS , | 01: 11:39: 39: 200 MARRY & 2ALON 1:0:0:15: 1:32:17: 1:30:37:0 | ED pactioners. and welcome | ' STREET ADDRESS) | V 7 | PD NEV W | | | | |
| | | | | | | National State Contraction and | | formation | |
| 12." I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes: "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. | | | | | | | | | |

J. PODENT TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

2(1108 Date

528-767-2914