2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# F01000002008

Entity Name: JAMES W. SEWALL COMPANY

Current Principal Place of Business:

136 CENTER STREET
OLD TOWN, ME 04468

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 433
OLD TOWN, ME 04468

New Mailing Address:

FEI Number: 01-0492077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: LORI AUSTIN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PAGE, JAMES H JR
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: EVP ( ) Delete
Name: EDSON, DAVID T
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: T ( ) Delete
Name: STRONG, ROBERT
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: S ( ) Delete
Name: AUSTIN, LORI
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: D ( ) Delete
Name: VICARY, BRET
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: PAGE, JAMES H JR
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: P (X) Change ( ) Addition
Name: EDSON, DAVID T
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GRAHAM, SCOTT
Address: 136 CTR ST
City-St-Zip: OLD TOWN, ME 04468

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI AUSTIN S 04/29/2009

Electronic Signature of Signing Officer or Director — Date