## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 14, 2003 8:00 am Secretary of State F01000003408 DOCUMENT # 04-14-2003 90938 015 \*\*\*150.00 GLOBAL NAPS REALTY, INC. Principal Place of Business Mailing Address 10 MERRYMQUNT ROAD 10 MERRYMOUNT ROAD QUINCY MA 02169 QUINCY MA 02169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 04-3402234 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change | Addition GANGI, FRANK T NAME NAME 10 MERRYMOUNT ROAD STREET ADDRESS STREET ADDRESS QUINCY MA 02169 CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE Change ☐ Addition GANGI, RICHARD NAME 10 MERRYMOUNT ROAD STREET ADDRESS STREET ADDRESS QUINCY MA 02169 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROONEY, WILLIAM J JR. NAME NAME 10 MERRYMOUNT ROAD STREET ADORESS STREET ADDRESS CITY-ST-ZIP QUINCY MA 02169 CITY-ST-7IP TITLE TITLE Delete Change Addition COUTURE, MICHAEL NAME NAME 10 MERRYMOUNT ROAD STREET ADDRESS STREET ADDRESS QUINCY MA 02169 CITY-ST-ZIP CITY-ST-7IP 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 12. Thereby certify that the information supplied with this filling 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:

AMATURE ENGLANDS RECOVERY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR