

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90023 021 ***150.00

0012725 MB

DOCUMENT # F01000006654

1. Entity Name
EXTRAPRISE GROUP, INC.



Principal Place of Business
**321 SUMMER STREET
BOSTON MA 02210**

Mailing Address
**321 SUMMER STREET
BOSTON MA 02210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3354224

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MARSHALL, KENNETH 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANKER, MICHAEL 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLUNDON, WILLIAM 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GABLER GARLEN, JENNIFER K 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, ALAN 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCULLEN, JOSEPH 321 SUMMER STREET BOSTON MA 02210	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNDA D LYNDA APLEGATE 321 SUMMER ST BOSTON, MA 02210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUKY PARAD 321 SUMMER ST BOSTON, MA 02210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL KURZ 321 SUMMER ST BOSTON, MA 02210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/03 6178804021

CR2E034 (10/02)

Attachment

90143126
#FO1600006654



extraprise

July 11, 2003

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

321 Summer Street
Boston, MA 02210

To Whom It May Concern:

Our corporation registered with the State of Florida in November 2001.
We did not receive the 2003 uniform business report form until last week.
We request that you waive any penalties and accept the attached form and
check for \$150.00. Any questions regarding this should be directed to
Jennifer Gabler at 617-233-3122 or jgabler@extraprise.com.

TEL 617.880.4000
FAX 617.880.4001

www.extraprise.com

Sincerely,

Jennifer Gabler
CFO

Extraprise

P.S. Please note the 4/24/03 date
was written in error as that
was the date the new board
members were elected.

Extraprise

Boston
London
San Francisco
Amsterdam
Chicago
Dallas
Munich
New York
Washington DC