## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000138

Entity Name: SOUTHERN TIER DEL ORO INCORPORATED

FILED Jan 05, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

C/O NORTHLAND INVESTMENT CORPORATION 2150 WASHINGTON ST. NEWTON, MA 02642

Current Mailing Address: New Mailing Address:

C/O NORTHLAND INVESTMENT CORPORATION 2150 WASHINGTON ST. NEWTON, MA 02642

FEI Number: 80-0006930 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CD

Name: GOTTESDIENER, LAWRENCE R Address: 2150 WASHINGTON ST. City-St-Zip: NEWTON, MA 02642

Title: PCEO

Name: ROSENTHAL, STEVEN P Address: 2150 WASHINGTON ST. City-St-Zip: NEWTON, MA 02642

Title: S

Name: ABAIR, SUZANNE

Address: 2150 WASHINGTON STREET

City-St-Zip: NEWTON, MA 02462

Title: T

Name: ROSENTHAL, STEVEN P Address: 2150 WASHINGTON STREET City-St-Zip: NEWTON, MA 02462

Title:

Name: GOTTESDIENER, LAWRENCE R Address: 2150 WASHINGTON STREET

City-St-Zip: NEWTON, MA 02462

 Title:
 D

 Name:
 ROSENTHAL, STEVEN P

 Address:
 2150 WASHINGTON STREET

 City-St-Zip:
 NEWTON, MA 02462

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE ABAIR S 01/05/2012