

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602 600001502	
1. Entity Name CIVITECHS INC.	

DO NOT WRITE IN THIS SPACE

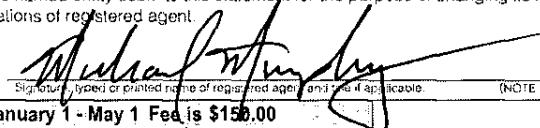
2. Principal Place of Business 3 Davol Square	3. Mailing Address 3 Davol Square
Suite, Apt. #, etc. Suite C350	Suite, Apt. #, etc. Suite C350
City & State Providence, RI	City & State Providence, RI
Zip 02903	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0492727	Applied For ☐ Not Applicable
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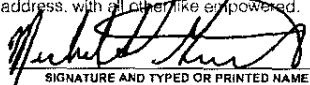
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Michael Murphy	
	Street Address (P.O. Box Number is Not Acceptable) 4573 ENTERPRISE AVE 1-A	
	City NAPLES	FL Zip Code 34104

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 	DATE 6-9-03

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP; Hansen, Paul 3 Davol Square, Suite C350 Providence, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000020253360 05/29/03--01057--005 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP; St. Germain, Michael 3 Davol Square, Suite C350 Providence, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000020253360 05/29/03--01057--006 **\$8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D; Murphy, Michael 3 Davol Square, Suite C350 Providence, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S; Hansen, Eileen 3 Davol Square, Suite C350 Providence, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T; Van Brocklin, Charles 3 Davol Square, Suite C350 Providence, RI 02903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Michael St. Germain 5-28-03 800-381-9507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)

7/6/10