

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000004970

1. Entity Name  
SL SUPPLY CHAIN SERVICES INTERNATIONAL CORP.



Principal Place of Business  
425 MEDFORD STREET  
CHARLESTOWN, MA 02129

Mailing Address  
425 MEDFORD STREET  
CHARLESTOWN, MA 02129



03242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3696229

Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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  
DP  
MCMILLAN, GEORGE A  
425 MEDFORD STREET  
CHARLESTOWN, MA 02129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
OBERDORF, THOMAS  
425 MEDFORD STREET  
CHARLESTOWN, MA 02129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
GRAY, PETER L  
425 MEDFORD STREET  
CHARLESTOWN, MA 02129

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000110920  
04/12/04-00102-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Thomas Oberdorf*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas Oberdorf, Treasurer*

Date

Daytime Phone #

*617-886-4545*