

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

**FILED**

03 JUL 28 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000004970

1. Entity Name

SL Supply Chain Services International Corp.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

425 Medford St.  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.  
Same

800022342038

08/15/03--01012--017 \*\*558.75

DO NOT WRITE IN THIS SPACE

03

City & State

Charlestown, MA

City & State

Same

4. FEI Number

04-3696229

Applied For

Not Applicable

Zip

02129

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

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.

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY

SIGNATURE

Connie Bryan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P/D  
George A. McMillan  
425 Medford St.  
Charlestown, MA 02129

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T/D  
Thomas Oberdorff  
425 Medford St.  
Charlestown, MA 02129

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
Peter L. Gray  
425 Medford St.  
Charlestown, MA 02129

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter L Gray Secretary

7/24/03 (617)886-4587

Date

Daytime Phone #