

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90158 041 \*\*\*150.00

**DOCUMENT # F03000002027**

1. Entity Name  
**MASS OPERATING GROUP, INC.**



Principal Place of Business  
**380 UNION STREET  
WEST SPRINGFIELD, MA 01089**

Mailing Address  
**380 UNION STREET  
WEST SPRINGFIELD, MA 01089**

**14004360**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212005 Chg-P CR2E034 (10/03)

4. FEI Number

**04-3205392-04-3205309**

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**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GRINSPOON, HAROLD ☐ Delete  
STREET ADDRESS 380 UNION STREET  
CITY-ST-ZIP WEST SPRINGFIELD, MA 01089

TITLE VD  
NAME ANTHONY, FRED ☐ Delete  
STREET ADDRESS 380 UNION STREET  
CITY-ST-ZIP WEST SPRINGFIELD, MA 01089

TITLE V  
NAME MNICH, JOHN ☐ Delete  
STREET ADDRESS 380 UNION STREET  
CITY-ST-ZIP WEST SPRINGFIELD, MA 01089

TITLE TD  
NAME PAVA, JEREMY ☐ Delete  
STREET ADDRESS 380 UNION STREET  
CITY-ST-ZIP WEST SPRINGFIELD, MA 01089

TITLE AT ☒ Delete  
NAME TOUCHETTE, WENDY  
STREET ADDRESS 380 UNION STREET  
CITY-ST-ZIP WEST SPRINGFIELD, MA 01089

TITLE CLRK  
NAME GABERMAN, RICHARD ☐ Delete  
STREET ADDRESS 32 HAMPDEN STREET  
CITY-ST-ZIP SPRINGFIELD, MA 01103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition  
NAME Grinspoon, Steven  
STREET ADDRESS 255 Westerly Rd.  
CITY-ST-ZIP Weston, MA 02493

TITLE AT, AVP, AS ☐ Change ☒ Addition  
NAME Harrelson, John  
STREET ADDRESS 380 Union St.  
CITY-ST-ZIP West Springfield, MA 01089

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 602, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jeremy Pava**  
**Treasurer**

**4/21/05**

**(413) 439-6300**

Date

Daytime Phone #