2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 17, 2004 8:00 am Secretary of State 05-17-2004 90016 012 ***158.75

1. Entity Nam	MENT # F0300000	•	INC.			03-17-2004	1 90016 ()12 ****13	98.73
Principal Place of Business Mailing Address ONE CANAL PARK CAMBRIDGE, MA 02141 CAMBRIDGE, MA 02141						, Ila ameli Wiles Des	ser krost förfat (ta:	(49) IL 1891	
2. Principal P	Place of Business	3. Mailing Addr	. Mailing Address						
Suite, Apt.	# ato	Suite Ant #	Suite, Apt. #, etc.						
					04072004	Chg-P	ÇR2E0	34 (10/03)	
City & State		City & State	City & State		4. FEI Number 20-0027	649		_ 	plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Ad Fee Require			\$8.75 Addi	
6. Name and Address of Current Registers			<u> </u>		7. Name and Address of New Registered Agent				
AMERICAN INFORMATION SERVICES, INC.				Name					
ONE S.E. THIRD AVE, 28TH FLOOR MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)					
····· · · · · · · · · · · · · · · · ·	33131								
				City			FL	Zip Code	
	named entity submits this statemen tions of registered agent.	t for the purpose of ch	anging its register	ed office or registe	ered agent, or both,	in the State of Fl	orida, lam	familiar with, i	and accept
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registere	id Agent signature require	d when reinstating)	<u></u>	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$55		on Campaign Finar Fund Contribution.		5.00 May Be ded to Fees				
10.		ND DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/C	HANGES TO OFF	FICERS AND		
NAME STREET ADDRESS CITY-ST-ZIP	CP RUDICH, API A 197 8TH ST CHARLESTOWN, MA 02129	Ш		- 1				Change	☐ Addition
NAMO STREET ADDRESS CITY-ST-ZIP	VCVP EPSTEIN GAROL L MD 197 8TH ST: CHARLESTOWN, MA 02129	0:		·-				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERT PARKER LENK, PH		Delete TITL NAM STRI	E			,. ,.	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KYLE, ROBERT 64140 GALLATIN RD. GALLATIN GATEWAY, MO 5							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<u> </u>				Change	Addillon
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAM STRI					Change	Addition
12. I hereby	certify that the information supplied to this report or suppliemental report	with this filing does not	qualify for the exe	emption stated in S	ection 119.07(3)(i)	. Florida Statutes.	I further ce	rtify that the ir	nformation

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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like expowered.

SIGNATURE: