

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2008 NOV 12 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10272008 Chg-P CR2E034 (12/06)

DOCUMENT # F05000004779

1. Entity Name
CUBELLIS INC.



Principal Place of Business
**281 SUMMER STREET
BOSTON, MA 02210**

Mailing Address
**281 SUMMER STREET
BOSTON, MA 02210**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
04-2944875

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT CUBELLIS, LENORD G 281 SUMMER STREET BOSTON, MA 02210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137884038 11/13/08--01012--001 **26.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCS PACKARD, SUSAN M 281 SUMMER STREET BOSTON, MA 02210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/22/08--01037--001 **35.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RANKIN, RICHARD W 281 SUMMER STREET BOSTON, MA 02211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TRANT, JAMES E 281 SUMMER STREET BOSTON, MA 02211 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP JEFFREY B. SMITH 724 WEST LANCASTER AVE, STE. 104 WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: LENORD CUBELLIS, PRESIDENT **10/31/08** **617.603.2199**

Date Daytime Phone #

AJR