

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F93000000510**

1. Entity Name

S.C.H. OF MASSACHUSETTS, INC.**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90177 032 ***150.00

619469

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**2 BOURBON STREET
2ND FLOOR
PEABODY MA 01960
US**

Mailing Address

**2 BOURBON STREET
2ND FLOOR
PEABODY MA 01960
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-3152723**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	NICHOLSON, WILLIAM A	2 BOURBON ST	PEABODY MA 01960-1384	<input type="checkbox"/>
VPT	GLOVSKY, C. JOEL	7 LONGRIDGE LANE	IPSWICH MA 01938	<input type="checkbox"/>
S	LEBHER, HEATHER	4 CURTIS ST.	ROCKPORT MA 01966	<input type="checkbox"/>
D	HOLLISTER, CHRISTOPHER	8402 STERLING BRIDGE RD	CHAPEL HILL NC 27516	<input type="checkbox"/>
D	NICHOLSON, WILLIAM A	2 BOURBON STREET	PEABODY MA 01960	<input type="checkbox"/>
D	GLOVSKY, C. JOEL	7 LONG RIDGE LANE	IPSWICH MA 01938	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/01

Date

978-535-676

Daytime Phone #

CR2E034 (10/00)