DOCUMENT # F93000001891 1. Entity Name

CONTINENTAL WINGATE CAPITAL CORP.

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90302 037 ***150.00

Principal Place of Business Mailing Address										
63 KENDRICK STREET NEEDHAM MA 02494		63 KENDRICK STREET NEEDHAM MA 02494				80043057				
2. Principal I	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	4. FEI Number				
Zip Country		Zip Country		try	5.	Certificate of Status Desired		8.75 Ad	ditional	
	6. Name and Address of Current R	egistered Agent	<u>' </u>		7.	Name and Address of New Re	gistered Ag	ent		
				Name .						
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)						
PLANTAT										
				City FL Zip Code						
8., The above	e named entity submits this statement for t	the purpose of changing its	registere	ed office or regis	tered ag	ent, or both, in the State of Flori	da.			
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registere	d Agent signature requi	ired when re	einstating)	DATE	·		
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW!	U FEE	IS \$150.00						
Tax filing requirement and elects to do so.		After May 1, 2002 Fee will be \$550.00)	 Election Campaign Final Trust Fund Contribution. 	~ —		00 May Be	
(See crite	ria on back)	Make Check Payat	ole to De	epartment of S	tate	Trust Fund Contribution.		Added	to Fees	
11.	OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTOR	S IN 11	
TITLE	PD	☐ Delete	TITLE					Change	Addition	
NAME TO THE STREET ADDRESS	L'ÉPELINIVIA! MICHAEP D		NAME	ET ADDRESS						
CITY-ST-ZIP	16 HAMMOND CIRCLE SUDBURY MA		ll l	-ST-ZIP						
TITLE		□ Delete	TITLE			****				
NAME	TD Callahan, Brian e	□ Delete	NAME				L	_ Change	☐ Addition	
STREET ADDRESS	15 HICKORY DR.		ll l	ET ADDRESS						
CITY-ST-ZIP	MEDFIELD MA		CITY-	ST-ZIP						
TITLE	VSD	□ Delete	. TITLE			· · · · · ·	. Г	Change	☐ Addition	
NAME	GOODMAN, JEFFREY		NAME	<u> </u>					—	
STREET ADDRESS	63 KENDRICK STREET		STREE	ET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02494		CITY-	ST-ZIP						
TITLE	D:	☐ Delete	TITLE					Change	☐ Addition	
NAME	SCHUSTER, GERALD		NAME		,					
STREET ADDRESS CITY-ST-ZIP	132 YARMOUTH RD.		II II	T ADDRESS						
	SUDBURY MA			ST-ZIP						
TITLE NAME	D)	☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS	SCHUSTER, TODD		NAME							
CITY-ST-ZIP	63 KENDRICK STREET		ll l	T ADDRESS ST-ZIP						
TITLE	NEEDHAM MA 02494	□ p-1-1-				· · · •		7.05-		
NAME		☐ Delete	TITLE NAME				L.] Change	☐ Addition	
STREET ADDRESS			li .	T ADDRESS						
CITY-ST-ZIP			ll l	ST-ZIP						
13. i hereby c	certify that the information supplied with the	is filing does not qualify for	the even	notion stated in S	Section 1	10.07/2)/i\ Elorido Statutos I fe	uthor portifi.		· 6	

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 all other like empowered.

SIGNATURE: Anne T. Asdot, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

781-707-9000

Daytime Phone #

attackment & Dott 1-93000001891

Attachment

Document # F93000001891

Continental Wingate Capital Corp.

Number 11 Officers and Directors

Addition

AS-Assistant Secretary Anne T. Asdot 63 Kendrick Street Needham; MA 02494