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2001	UNIFORM BUS	NESS REPO	RT (UBR	<u>) </u>				105104
DOCUMENT # F9300003628 1. Entity Name H.A. REINAUER, INC:			٤		FILL SECRETARY DIVISION OF CO	EU Of State		Q4 AT
F	leinover Manage	ment-Compa	ny, Inc		01.007.0-	mrokallōs:		
	ne of Business ND TERRACE	Mailing Address MORSE. BARNES - BM (CAI 1601 TRAPELO ROAD WALTHAM MA (2451			01 OCT 23	•		
2. Principal P	Place of Business	3. Mailing Address			1 1881/188 (110 1810) 11/11 ORINA 88/11 EDIK	 		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
City & Stat	е	City & State		4.	FEI Number 13-3695129	<u> </u>	plied For t Applicable]
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	itional	
	6. Name and Address of Current	Registered Agent		7. 1	Name and Address of New Regist	ered Agent		1
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Street Add	iress (P.O. E	ration System Box Number is Not Acceptable)		1		
TALLAHAE	SSEE-FL-32301-		120	0 Sou	th Pine Island	Road		l
			City P1	antat	ion	FL Zip Code	33324	
SIGNATURE . 9. This corporate filing r	ramed enjity submits this statement for submits, typed or printed name of registered agent a praction is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOTE: F	SPEC. AS Registered Agent signature FEE IS \$550.00 2001 Fee will be	AMEL ST. S required when ri \$750.00	74-GRAY ZECRETARY	9/4/200	0 May Be to Fees	-
11.	OFFICERS AND		12.		L DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	3 IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINAUER, CRAIG 1983 RICHMOND TERRACE STATEN ISLAND NY 10302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		00000467	Change 23 610 - 010110	□ Addition - - 4 15	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REINAUER, ALBERT H III 1983 RICHMOND TERRACE STATEN ISLAND NY 10302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wales, Jonathan 36 New Street East Boston Ma 02128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WRY, CHARLES A JR. 45 THOMPSON DRIVE SUDBURY MA 01776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS JONES, JOSEPH 1983 RICHMOND TERRACE STATEN ISLAND NY 10302	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change U/N	Addition]
TITLE		☐ Delete	TITLE			☐ Change	Addition	

NAME

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP