

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F94000000359**1. Entity Name  
GHG GOLDENROD, INC.**Principal Place of Business**C/O THE GATEHOUSE GROUP, INC  
313 CONGRESS ST  
BOSTON MA 02210 US**Mailing Address**C/O THE GATEHOUSE GROUP, INC  
313 CONGRESS ST.  
BOSTON MA 02210 US2. Principal Place of Business  
C/O THE GATEHOUSE GROUP, INC3. Mailing Address  
C/O THE GATEHOUSE GROUP, INCSuite, Apt. #, etc.  
120 FORBES BLVD.Suite, Apt. #, etc.  
120 FORBES BLVD.City & State  
MANSFIELD MACity & State  
MANSFIELD MAZip Country  
02048 USZip Country  
02048 US4. FEI Number  
**04-3214853**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MCDONOUGH BRIAN  
MUSEUM TOWER, 150 W. FLAGLER ST, STE 2200  
C/O STEARNS WEAVER MILLER  
MIAMI FL 33130 US**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 \_\_\_\_\_ **01/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE AST ☐ Delete  
NAME MCAVOY JENNIFER  
STREET ADDRESS 313 CONGRESS ST.  
CITY-ST-ZIP BOSTON MA 02210TITLE ASC ☐ Delete  
NAME HAMPTON SARITA  
STREET ADDRESS 313 CONGRESS ST  
CITY-ST-ZIP BOSTON MATITLE DEVT ☐ Delete  
NAME CANEPARI DAVID J  
STREET ADDRESS 313 CONGRESS STREET  
CITY-ST-ZIP BOSTON MATITLE DPS ☐ Delete  
NAME PLONSKIER MARC S  
STREET ADDRESS 313 CONGRESS STREET  
CITY-ST-ZIP BOSTON MATITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE AST ☒ Change ☐ Addition  
NAME YORKSHAITIS ROGER  
STREET ADDRESS C/O GATEHOUSE GROUP, 120 FORBES BLVD.  
CITY-ST-ZIP MANSFIELD MA 02048TITLE ASC ☒ Change ☐ Addition  
NAME HAMPTON SARITA  
STREET ADDRESS C/O GATEHOUSE GROUP, 120 FORBES BLVD.  
CITY-ST-ZIP MANSFIELD MA 02048TITLE EVPT ☒ Change ☐ Addition  
NAME CANEPARI DAVID J  
STREET ADDRESS C/O GATEHOUSE GROUP, 120 FORBES BLVD.  
CITY-ST-ZIP MANSFIELD MA 02048TITLE PC ☒ Change ☐ Addition  
NAME PLONSKIER MARC S  
STREET ADDRESS C/O GATEHOUSE GROUP, 120 FORBES BLVD.  
CITY-ST-ZIP MANSFIELD MA 02048TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:** Marc.S. Plonskier

PC 01/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)