FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005247

1. Entity Name

SOUTHERN TIER PARTNERS INCORPORATED

DO NOT WRITE IN THIS SPACE

[redacted]

55051389

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
c/o Northland Investment		c/o Northland Investment	
Suite, Apt #, etc. 2150 Washington St		Suite, Apt. #, etc. 2150 Washington St	
City & State Newton, MA		City & State Newton, MA	
Zip 02642	Country USA	Zip 02642	Country USA

4. FEI Number 04-3246369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Prentice-Hall Corporation Systems Inc

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St

City Tallahassee FL Zip Code 32301

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 ______ Signature, typed or printed name of registered agent and title if applicable ______ (NOTE: Registered Agent signature required when reinstating) ______ DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Lawrence R. Gottesdiener 2150 Washington St Newton, MA 02462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000017914250 05/02/03--01108--002 **4042.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Treasurer Robert S. Gatof 2150 Washington St Newton, MA 02462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clerk Steven P. Rosenthal One Financial Center Boston, MA 02111	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lawrence R. Gottesdiener 2150 Washington St Newton, MA 02462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert S. Gatof 2150 Washington St Newton, MA 02462	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	8/9/17
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: By: Robert S. Gatof, President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

617-965-7100

Date / Daytime Phone #