

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN 26 PM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006100

1. Entity Name  
**NORTHLAND INVESTMENT CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**2150 Washington St**

Suite, Apt. #, etc.  
**2150 Washington St**

City & State  
**Newton, MA**

City & State  
**Newton, MA**

4. FEI Number  
**22-3137052**

Applied For  
Not Applicable

Zip  
**02462**

Country  
**USA**

Zip  
**02462**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

Name **SSC Corporation Service Company**  
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

(P.O. Box Registered Agent's signature required when endorsing)

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  
1250 Washington St  
Newton, MA 02462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600017913796  
05/02/03--01108--002 \*\*4042.50**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President/Treasurer  
Robert S. Gatof  
1250 Washington St  
Newton, MA 02462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
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  
1250 Washington St  
Newton, MA 02462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director  
Robert S. Gatof  
1250 Washington St  
Newton, MA 02462**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 verified employees.

SIGNATURE: **BY: [Signature]**  
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT S. GATOF, President**

**6017-965-7100**

CR2E034B (12/02)

6/26