

**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
City & State
Newton, MA

Suite, Apt. #, etc.
2150 Washington St
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

(If Registered Agent, signature required when changing)

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	President/Treasurer Robert S. Gatof 1250 Washington St Newton, MA 02462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Steven P. Rosenthal One Financial Center Boston, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lawrence R. Gottesdiener 1250 Washington St Newton, MA 02462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert S. Gatof 1250 Washington St Newton, MA 02462
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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)(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

6/26