FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am Secretary of State DOCUMENT # F9500000027 1. Entity Name 04-23-2001 90122 016 ***150.00 BIERLY-DRAKE ASSOCIATES, INC. Principal Place of Business Mailing Address 17 ARLINGTON ST. 17 ARLINGTON ST. BOSTON MA 02116 BOSTON MA 02116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2741461 Not Applicable 2in Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRAKE, CHRISTOPHER P Street Address (P.O. Box Number is Not Acceptable) 441 SEAVIEW AVE. PALM BEACH FL 33480 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 (NOTE: Registered Agent signature required when reinsta FILE NOW!!! FEE IS \$150.00. This corporation is eligible to satisfy its Intengible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$5:00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Artington ST BIERLY, LEROY E JR NAME NAME STREET ADDRESS STREET ADDRESS 300 BOYLSTON ST., #806 02116 oston, MA CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02118 M Delete Change ☐ Addition TITLE TITLE SDT Brake Christopher P NAME DRAKE, CHRISTOPHER P NAME 17 Arlington St Boston, MA STREET ADDRESS 300 BOYLSTON ST., #806 STREET ADDRESS 02116 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02116** Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE · TITLE ☐ Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR