2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F95000001432 Mar 15, 2000 8:00 am Secretary of State 1. Egyity Name OXBOW REALTY SERVICES, INC. 03-15-2000 90096 041 ***150.00 Mailing Address Principal Place of Business 725 CANTON STREET 02062 NORWOOD, MA R0038660 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-3266134 Not Applicable Country \$8.75 Additional Zip Z:p Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 Hays Street Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILI FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Change TITI F Delete TITLE NAME NAME Swanson, Kenneth A STREET ADDRESS STREET ADDRESS 725 Canton Street CITY-ST-7IP CITY-ST-ZIE Norwood, MA 02062 ☐ Change ☐ Addition TITLE Delete TITLE D/EVP/T NAME NAME Burke, Rússell J. STREET ADDRESS STREET ADDRESS 725 Canton Street CITY-ST-ZIP CITY-ST-ZIP Norwood, MA 02062 Change ☐ Addition ☐ Delete TITLE TITLE NAME Richard P. Callahan STREET ADDRESS STREET ADDRESS 1601 Forum_Place, Suite P-2CITY-ST-ZIP CITY-ST-ZIP W. Palm Beach, FL 33401 ☐ Change Addition ☐ Delete THIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 0017-ST-28 Change ☐ Addition TITLE ☐ Defete THEE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 onlan attachment with an address, with all other like empowered. 3/6/00 (561) 697-4300 Richard P. Callahan Daytime Phone #

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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