2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered.

DOCUMENT # F95000004650 Apr 28, 2000 8:00 am Secretary of State 1. Entity Name EMCC. INC. OF DELAWARE 04-28-2000 90093 049 ***150.00 Principal Place of Business Mailing Address 137 WASHINGTON STREET 133 WASHINGTON STREET NORWELL MA 02061-1711 NORWELL MA 02168 HS 2. Principal Place of Business 3. Mailing Address <u>33 Riverside Drive</u> <u>33 Riverside Drive</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 04-3214513 Not Applicable Pembroke. Pembroke. \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 02359 02359 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ST TITLE TITLE □ Delete DINE, PHILIP P. NAME NAME 33 RIVERSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE MA 02359 Delete Director & President Change Addition TITLE TITLE LEVINE, ARTHUR G NAME NAME STREET ADDRESS STREET ADDRESS 33 RIVERSIDE DR. CITY-ST-ZIP CITY-ST-ZIP PEMBROKE MA 02359 ☐ Change ☐ Delete TITLE TITI F V.P., General Counsel & NAME NAME Stacey J. Schacter, Esq. Assist. Secr STREET ADDRESS STREET ADDRESS 33 Riverside Drive CITY-ST-ZIP CITY-ST-ZIP Pembroke, MA 02359 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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

April 26, 2000 (781)829-1800