FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2002 8:00 am DOCUMENT # F96000004020 **Secretary of State** 02-05-2002 90121 024 ***150.00 MARATHON MACHINE, INC. Principal Place of Business Mailing Address PO BOX 867 14 JEFFERSON RD **WESTBOROUGH MA 01581** CHESTNUT HILL MA 02467 2. Principal Place of Business 3. Mailing Address 14 Jefferson Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE - 1 et baro City & State City & State Applied For 4. FEI Number Chestnut NOT APPLICABLE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAMERON, KENNETH W Street Address (P.O. Box Number is Not Acceptable) **EDGEWATER MANOR** 8500 BYRON AVE. MIAMI BEACH FL 33141 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F **CEOD** ☐ Delete TITLE ☐ Change ☐ Addition NAME CAMERON, KENNETH NAME STREET ADDRESS STREET ADDRESS 8500 BYRON AVE CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COMERON, JEFFREY R NAME CAMERON, Jeffry R. STREET ADDRESS 14 JEFFERSON RD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHESTNUT HILL MA 02467 TITLE ☐ Delete TITLE Addition Addition 1 Te ct 0 V NAME NAME lizabeth Cameron STREET ADDRESS STREET ADDRESS 14 Jefferron Rd. CITY-ST-7IP CITY~ST-ZIE TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.