2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F97000003511 Mar 21, 2000 8:00 am Secretary of State SUMMIT SERVICES GROUP, INC. 03-21-2000 90067 023 ***158.75 Principal Place of Business Mailing Address ONE WASHINGTON STREET. STE 206 ONE WASHINGTON STREET. STE 206 WELLESLEY MA Q2181-WELLESLEY MA 02481-1706 02481-1706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-3118342 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE PCTD ☐ Delete TITLE NAME CUZZUPOLI, JOSEPH NAME STREET ADDRESS 167 MARLBOROUGH STREET, UNIT 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Change ☐ Addition VD ☐ Delete TITLE TITLE NAME BULLOCK, JOSEPH NAME STREET ADDRESS STREET ADDRESS 50 COMMONWEALTH AVE., APT 32 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HIXON, THOMAS NAME STREET ADDRESS STREET ADDRESS **ONE WASHINGTON ST STE 206** CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA 02481 ☐ Change ☐ Addition TITLE TITLE Delete NAME PRITCHARD, STINTON NAME STREET ADDRESS STREET ADDRESS ONE WASHINGTON ST STE 206 CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA 02481 ☐ Change Addition DIR ☐ Delete TITLE TITLE NAME NAME CHANG, BENJAMIN STREET ADDRESS STREET ADDRESS ONE WASHINGTON ST STE 206 CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA 02481 ☐ Change ☐ Addition TITLE Lawrence G. Froni, CFO ☐ Delete TITLE one washington St Ste 206 NAME NAME STREET ADDRESS STREET ADDRESS welksley, MA 02481 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:

SQUALUE CATURE OF PRINTED NAME OF SIGNING OFFICIA OF DIRECTOR

3/15/20

781-237-110110

Daytime Phone #