


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90100 014 \*\*\*150.00

<b>DOCUMENT #</b> F97000004060	
<b>1. Entity Name</b> BERKSHIRE-WESTWOOD GRAPHICS GROUP, INC.	

<b>Principal Place of Business</b> 20 HADLEY MILLS RD. P.O. BOX 1399 HOLYOKE MA 01041	<b>Mailing Address</b> <del>KATHERINE-K- COOLIDGE- ESQ.</del> 1391 MAIN STREET STE 610 SPRINGFIELD MA 01103
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	JILL A. CROSBY Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 04-2712345	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>
MORALES, EDWARD N 1512 NORTH 23RD AVENUE HOLLYWOOD FL 33020-3034

<b>7. Name and Address of New Registered Agent</b>
Name RICHARD RODIER
Street Address (P.O. Box Number is Not Acceptable) 5720 NORTH WEST 81ST TERRACE
City TAMARAC FL Zip Code 33321-4529

<b>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. I am familiar with, and accept the obligations of registered agent.</b>
SIGNATURE <u>RICHARD J. RODIER</u> <u>Richard J. Rodier</u> <u>1/30/03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP SULLIVAN, MICHAEL J 43 PARK SLOPE HOLYOKE MA 01040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEAULAC, ROBERT 254 PINE ORCHARD RD. BRANFORD CT 06405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 246 PINE ORCHARD ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANTE, CRAIG E 19 NOLAN LANE FEEDING HILLS MA 01030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOLIDGE, KATHERINE K ESQ. 659 SOUTH WASHINGTON ST. BELCHERTOWN MA 01007 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S CROSBY, JILL A. 465 PROSPECT AVENUE WEST SPRINGFIELD, MA 01089
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>
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<b>SIGNATURE:</b> <u>Michael J. Sullivan</u> <u>1/17/03</u> <u>(413) 736-4101</u> Signature and typed or printed name of signing officer or director Date Daytime Phone #
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CR2E034 (10/02)