


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91415 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000005037		
1. Entity Name DSG STRATEGIES, INC.		
Principal Place of Business ONE BEACON STREET, SUITE 1320 BOSTON, MA 02108		Mailing Address ONE BEACON STREET, SUITE 1320 BOSTON, MA 02108
2. Principal Place of Business	3. Mailing Address 1001 G Street, NW Suite, Apt. #, etc. Suite 300-East City & State Washington DC Zip 20001 Country USA	
4. FEI Number 04-3197654		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KOCH, KARL 201 E. KENNEDY BLVD #1400 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Craig Sutherland Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd. #950 City Tampa FL Zip Code 33602
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. SIGNATURE <i>Craig Sutherland</i> DATE 4/30/03 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>		
FILE NOW!! FEE IS \$150.00. After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPION, CHARLES 284 DEAN ROAD BROOKLINE, MA 02146 <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	C BAKER, CHARLES A III 179 CLINTON ROAD BROOKLINE, MA 02146 <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 WHOLEY, MICHAEL 208 CENTER STREET DANVERS, MA 01923 <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 MCLEAN, CATHERINE 6047 MASS AVENUE NW WASHINGTON, DC 20016 <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
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
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.		
SIGNATURE: <i>Michael Wholey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/16/03 DAYTIME PHONE: 202/638-5616

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☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)