2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 30, 2000 8:00 am DOCUMENT # F97000005170 Secretary of State PSR ASSOCIATES, INC. 06-30-2000 90001 009 ***550.00 Principal Place of Business Mailing Address 101 WESTLAKE DR. 101 WESTLAKE DR. BOYNTON BEACH FL 33436-6075 BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-3157139 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 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 FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (13(3)-1) Change ☐ Addition ☐ Delete TITLE PERLMAN, SAMUEL S NAME STREET ADDRESS STREET ADDRESS 31 ROUND HILL RD CITY-ST-ZIP CITY-ST-ZIP LINCOLN MA 01773 Change ☐ Detete TITLE ☐ Addition NAME RUBIN, MICHAEL E NAME STREET ADDRESS STREET ADDRESS 32 SOLOMON PIERCE RD CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON MA 02173** Change ☐ Delete TITLE SWARTZ, RICHARD A NAME NAME. 5270 PRINCETON WAY STREET ADDRESS STREET ADDRESS 3581 NW 61ST CIR. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33496** Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIF ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITI F ☐ Delete 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.

SIGNATURE: 6-23-00

Date Daytime Pho