FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90152 046 ***150.00

DOCUMENT # F97000005496

1. Entity Name

XRE Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Foster Street	81 Wyman Street
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Littleton MA	City & State: Waltham
Zip: 01460 Country:	Zip: MA Country: 02454

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3313447 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

City: Plantation FL Zip Code: 33324

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: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent Signature required when changing

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Dir William J Webb 300 Foster Street Littleton MA 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Kenneth J Apicceno 81 Wyman Street Waltham, MA 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Seth Hoogasian 81 Wyman Street Waltham MA 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Robert V Aghababian 81 Wyman Street Waltham MA 02454
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert V Aghababian 4-26-02 781-622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/01)