FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Feb 02 1998 8:00am ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # F9700005733 (7)
1. Corporation Name
LENOX MORTGAGE CORPORATION



FILED

Principal Place of Business Mailing Address 380 UNION ST. 380 UNION ST. WEST SPRINGFIELD MA 01089 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997							
WEST SPRINGFIELD MA G1069 Control Writte In THIS SPACE	1 '						7,000,000,000,000,000,000,000,000,000,0
2. Principal Place of Business							
3. Date incorporated or Qualified 10/30/1997 2. Principal Place of Business	ME21 2LHIM	SPIELD MA 07069	WEST SPHINGFIELD MA	01069		DO NOT WRITE IN THIS	SPACE
2. Principal Place of Business 2a. Mailting Address 4. FEI Number 04-3394126 Not Applicable Not	Ì						
Sulfe, Apt. #, etc						10/30/1997	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Sc. Certificate of Status Desired Sp. 37.5 Additional Fee Production Sp. 30.00 May Be Added to Fees Added to Fe	2. Principal P	lace of Business	2a. Mailing Address				Applied For
City & State City & City & State City & State City & State City & State City & City	21					04-3394126	Not Applicable
Zip	22	·	27	- -		5. Certificate of Status Desired	
Zip Country Zip Country Zip Country 23 30 Country 25 25 26 27 27 27 27 28 30 Country 28 30 Country 28 30 Country 29 30 Country 2	├ ── '	e	⊢			· · · · · · · · · · · · · · · · · · ·	
23 28 29 30 Personal Property Tax due Juine 30. Yes No				(Oc. 11)			
9. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent and in a facepit the obligations of Sections 607.0502 and 607.1508, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.13 TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TIME DIVERS AND DIRECTORS 1.13 TIME DIVERS AND DIRECTORS IN 12 13. STREET ADDRESS CITY-ST-2P 17. CRESTIVEW CIRCLE 1.0 NGMEADOW MA 01106 12. NAME 22. NAME 22. NAME 22. NAME 23. NAME 23. NAME 23. NAME 23. NAME 23. NAME 24. CITY-ST-2P 10. ORGINEADOW MA 01108 13. STREET ADDRESS CITY-ST-2P 10. ORGINEADOW MA 01108 14. CREATER ADDRESS CITY-ST-2P 15. STRE	<u> </u>	k-m ' k-m ' k-m			у		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 Signature for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.6508, Florida Statutes. 85 SIGNATURE 95 S	241						
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City FL 15. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered again, or both in the Satial of Florida Submits dealing the colligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporations board of directors, I hereby accept the appointment as registered statutes, the above-named corporation submits this statement for the purpose of changing its registered differences. The purpose of changing its registered differences again to the provisions of section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered differences. The purpose of changing its registered differences again to the provisions of section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered differences. The purpose of changing its registered differences again to the purpose of changing its registered differences. The purpose o	C			81	Name	101	
PLANTATION FL 33324 B4 City FL B5 Zip Code					<u> </u>		
SIGNATURE DP				82	Street Add	ress (P.O. Box Number is Not Acceptable)	=
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE				83	3		
11. Pursuant to the provisions of Sections 607 5050 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Signature.				84	City		85 Zip Code
SIGNATURE Signature, typed or private agent and title if applicable.					<u> </u>		
SIGNATURE Signature, typed or private agent and title if applicable.	office or r	to the provisions of Sections 607.0503 registered agent, or both, in the State	e and 607.1508, Florida Statu of Florida. Such change was	tes, the abov authorized b	e-named corp y the corporal	poration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	or changing its registered pointment as registered
Signature, typed or primers name or registered apent and tilled tapicitable. (NOTE: Registered Agent tainstrue required When reinstalling) DATE	agent la	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Statute	is.		
12.	SIGNATURE	Charatura Faund or agency parts of secondarial age	the and siting it applicable	E. Posistoned to	oot cianntura vacuii	fred upon releatation)	
TITLE	12.				erik signature redui		D DIRECTORS IN 12
172 CRESTVIEW CIRCLE							
Change	NAME	GRINSPOON, HAROLD		1,2 NAME			
DV	STREET ADDRESS	172 CRESTVIEW CIRCLE		1.3 STREE	T ADDRESS	1	
NAME	CiTY - ST - ZIP			1.4 CITY -	ST-ZIP	•	
STREET ADDRESS 22 TANGLEWOOD DR. 23 STREET ADDRESS 2 4 CITY-ST-ZIP	TITLE	~ · · +		2.1 TITLE			☐ Change ☐ Addition
Change	NAME			2.2 NAME	Ì		
DELETE DI	STREET ADDRESS			2.3 STREET ADDRESS			
NAME	CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
STREET ADDRESS 258 WASHINGTON BLVD. 3.3 STREET ADDRESS SPRINGFIELD MA 01108 3.4 CITY-ST-ZIP	TITLE	<u>-</u> :	DELETE	3.1 TITLE			Change Addition
SPRINGFIELD MA 01108 3.4. CITY-ST-ZIP	NAME	, ·		3.2 NAME			
DELETE D	STREET ADDRESS	100/1C35		3.3 STREE	T ADDRESS	•	
NAME GRINSPOON, STEVEN 4.2 NAME 255 WESTERLY RD. 4.3 STREET ADDRESS WESTON MA 02193 4.4 CITY-ST-ZIP UChange Addition Additi	CITY-ST-ZIP	-20		3.4, CITY-	ST-ZIP		
STREET ADDRESS 255 WESTERLY RD. 4.3 STREET ADDRESS WESTON MA 02193 4.4 CITY-ST-ZIP TITLE	TITLE	-	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
WESTON MA 02193 4.4 CITY-ST-ZIP	NAME			4. 2 NAME			
DELETE	STREET ADDRESS			4.3 STREE	T ADDRESS	·	
NAME GABERMAN, RICHARD M 5.2 NAME	CITY-ST-ZIP			4.4 CITY -	ST-ZIP		
STREET ADDRESS 217 ARDSLEY RD. 5.3 STREET ADDRESS	TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
CITY-ST-ZIP	NAME			5.2 NAME			
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	STREET ADDRESS			5.3 STREE	T ADDRESS	l	
NAME 6.2 NAME		LUNGMEADOW MA 01106			ST-ZIP		
			☐ DELETE				☐ Change ☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME						
	STREET ADDRESS			6.3 STREE	T ADDRESS	·	

14. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fibrida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: