Apr 10, 2001 8:00 am Secretary of State 04-10-2001 90007 025 ***150.00

Principal Place of Busine 43 ST JAMES AVENUE	ess	Mailing Address 43 ST JAMES AVENUE	٠						
CHICOPEE MA 01020		CHICOPEE MA 01020							
2. Principal Place of Business 10 Northern Boulevard		3. Mailing Address							
Suite, Apt. #, etc.		10 Northern Boulevard Suite, Apt. #, etc. 12		ard	DO NOT WRITE IN THIS SPACE				
City & State	w Hampshire	City & State Amherst, New Hampshire			FEI Number 04-3172285	T		plied For Applicable	7
Zip 03031	Country USA	Zip Country 03031 USA			5. Certificate of Status Desired \$8.75 Addition Fee Required			tional	1
6. Nar	ne and Address of Current R	legistered Agent			Name and Address of New Regi	stered Agent]
C T CORPORA	TION SYSTEM	and the state of t	Name						٠.
	PINE ISLAND ROAD		Street	Street Address (P.O. Box Number is Not Acceptable)]
	5 00021		City		·	FL Zip	p Code		
		Maria Caba Cara							┨
8. The above named en	tity submits this statement for	the purpose of changing its	registerea office	or registered a	agent, or both, in the State of Florida	1.			
SIGNATURE Signature, typ	ed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent sign	nature required wher	n reinstating)	DATE			
•	igible to satisfy its Intangible t and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Stat		\$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11,	OFFICERS AND D	<u></u>	12.		L ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	STORS	IN 11	}
TITLE PD	****	Delete	TITLE	Presi	dent/ Director	X] Ch	ange	Addition	1000
•	LARSON, KURT N 43 ST JAMES AVENUE			Smith	ith, Lawrence C.				
CITY-ST-ZIP CHICOPI			STREET ADDRESS	I O NO	rthern Blvd. Un:	it 12			1
TITLE VD		Delete	TITLE	I	st, NH 03031 	X Ch	ange	Addition	1
	AWRENCE C		NAME STREET ADORESS	Grega	, George				}`
	10 NORTHERN BLVD UNIT 12 AMHERST NH			10 No	Northern Blvd, Unit 12 erst, NH 03031				ĺ
TITLE VD	<u> </u>	Delete	TITLE	Almer	St, NH U3U3I	□ Ch	ange	Addition	ļ
	CHARLES M - =	AND THE STATE OF T	NAME =		يدا مديدات المساهدية		-2-2 - × - 1 - 1 - 1 - 1	سدمي حرا	
STREET ADDRESS 10 NORT	THERN BLVD UNIT 12 IT NH		STREET ADDRESS	SAME					
TITLE S		Delete	TITLE	Secre	tarv	∳ Ch	ange	Addition	ţ
	STON, DEBRA L	A	NAME	Farka:	s, Stephen				ļ
STREET ADDRESS 1500 MA	IN ST., STE 1818		STREET ADDRESS CITY-ST-ZIP	יא טכון	estford Road				
TITLE D	ILLD IVA	Delete	TITLE	Tyngs	boro, MA 01879	□ Ch	iange	☐ Addition	1
NAME GREGG,	GEORGE	A Doors	NAME			-	~		
STREET ADDRESS 101 NOF CITY-ST-ZIP AMHERS	THERN BLVD UNIT 12		STREET ADDRESS CITY-ST-ZIP	3					Ì
TITLE AWITTENS	1 1417	□ Delete	TITLE	-			ange	☐ Addition	
NAME			NAME		•	<u> </u>	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	·					
	he information supplied with the	his filing does not qualify for	J	ated in Section	a 119 07/3V() Florida Statutos 15 m	that cartify that	the ict		
indicated on this rep	ort or supplemental report is the receiver or trustee empow	rue and accurate and that m vered to execute this report a	y signature shall as required by C	have the same hapter 607, Flo	n 119.07(3)(i), Florida Statutes. I furi e legal effect as if made under oath orida Statutes; and that my name ap	; that I am an copears in Block	officer of	r director Block 12 if	

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR