2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 18, 2004 08:00 AM Secretary of State DOCUMENT # F98000001821 1. Entity Name NORTHLAND SOUTHWEST PARTNERS INCORPORATED Principal Place of Business Mailing Address C/O NORTHLAND INVESTMENT 2150 WASHINGTON ST. NEWTON MA 02462 C/O NORTHLAND INVESTMENT 2150 WASHINGTON ST. NEWTON MA 02462 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 04-3414872 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Electron Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change Addition GOTTESDIENER, LAWRENCE R NAME NAME U00000055998 STREET ADDRESS 1250 WASHING ST. STREET ADDRESS 02/18/04-80032-001 1400.00 NEWTON MA 02462 CITY-ST-ZIP CITY+ST-7IP TITLE Delete TITLE ☐ Change Addition NAME GATOF, ROBERT S NAME STREET ADDRESS 1250 WASHING ST. STREET ADDRESS CITY-ST-ZIP NEWTON MA 02462 CITY - ST - ZIP TITO E ☐ Delete TITLE ☐ Change Addition NAME ROSENTHAL, STEVEN P NAME STREET ADDRESS STREET ADDRESS ONE FINANCIAL CENTER CITY-ST-ZIP BOSTON MA 02111 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition ROGOFF, BRUCE E NAME NAME ONE FINANCIAL CENTER STREET ADDRESS STREET ADDRESS BOSTON MA 02111 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

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 earth, that I am an officer or director of the corporation or the receiver or trustee empowered be 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: BY:

1/23/04 617.965.7100
Date Daytime Prone #