FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001821

1. Entity Name

NORTHLAND SOUTHWEST PARTNERS, INC.

FILED

03 MAY -2 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Northland Investment	c/o Northland Investment
Suite, Apt. #, etc.: 2150 Washington St	Suite, Apt. #, etc.: 2150 Washington St
City & State: Newton, MA	City & State: Newton, MA
Zip: 02462 Country: USA	Zip: 02462 Country: USA

4. FEI Number: 04-3414872 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CSC - Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St

City: Tallahassee **FL** Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Lawrence R. Gottesdiener 1250 Washington St Newton, MA 02462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Robert S. Gatof 1250 Washington St Newton, MA 02462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Steven P. Rosenthal One Financial Center Boston, MA 02111
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lawrence R. Gottesdiener 1250 Washington St Newton, MA 02462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Robert S. Gatof 1250 Washington St Newton, MA 02462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Bruce E. Rogoff One Financial Center Boston, MA 02111

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CR2E034B (12/02)

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

SIGNATURE: BY: _____ 617.965.7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

Robert S. Gatof, Treasurer