

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

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3414872	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

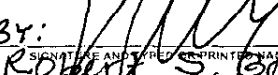
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name CSC - Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St	
	City Tallahassee	FL Zip Code 32301

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 _____ Signature typed or printed name of responsible person and title if applicable (REG: Registered Agent signature required when renewing)	DATE _____
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-STATE-ZIP	President Lawrence R. Gottesdiener 1250 Washington St Newton, MA 02462	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	300017914303 05/02/03--01108--002 **4042.50
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer Robert S. Gatof 1250 Washington St Newton, MA 02462	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary Steven P. Rosenthal One Financial Center Boston, MA 02111	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Lawrence R. Gottesdiener 1250 Washington St Newton, MA 02462	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Robert S. Gatof 1250 Washington St Newton, MA 02462	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director Bruce E. Rogoff One Financial Center Boston, MA 02111	TITLE NAME STREET ADDRESS CITY-STATE-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 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:  Robert S. Gatof, Treasurer	617.905.7100
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CR2E034B (12/02)