FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90114 041 ***150.00

DOCUMENT #

1. Entity Name

LCC Financial Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
40 Salem Street Suite, Apt. #, etc. Building 1	40 Salem Street, PO Box 730 Suite, Apt. #, etc. Building 1
City & State Lynnfield, MA	City & State Lynnfield, MA
Zip: 01940 Country: USA	Zip: 01940 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0496403 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

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.

SIGNATURE _____ (Type name, typed or printed name of registered agent, and title if applicable) (NOTE: Registered agent signature required when changing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

11. OFFICERS AND DIRECTORS

TITLE: President NAME: Daniel Wilensky STREET ADDRESS: 40 Salem St., Bldg. 1 CITY-ST-ZIP: Lynnfield, MA 01940	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Treasurer NAME: Paul Hirshberg STREET ADDRESS: 3762-B Dekalb Technology Pkwy. CITY-ST-ZIP: Atlanta, GA 30340	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President Admin./HR NAME: Maureen Cavanagh STREET ADDRESS: 40 Salem St., Bldg. 1 CITY-ST-ZIP: Lynnfield, MA 01940	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President-Credit/Collections NAME: Mike Bridgman STREET ADDRESS: 40 Salem Street, Bldg. 1 CITY-ST-ZIP: Lynnfield, MA 01940	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Telephone Number