

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

09 JAN -6 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004953

1. Entity Name
STERLING COLLISION CENTERS, INC.Principal Place of Business
9 TECH CIRCLE
NATICK, MA 01760Mailing Address
9 TECH CIRCLE
NATICK, MA 01760

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number
04-3388216Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, its registered officers and directors, 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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

Lauren H. Krentz
Special Assistant
Secretary12/29/08
DATEFILE NOW!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CHAI ☐ Delete
NAME ROCHE, MICHAEL J CHAIRMAN
STREET ADDRESS 2775 SANDERS RD
CITY-STATE-ZIP NORTHBROOK, IL 60062TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP 600139534886TITLE TREA ☐ Delete
NAME VERNEY, STEVEN TREASUR
STREET ADDRESS 2775 SANDERS RD
CITY-STATE-ZIP NORTHBROOK, IL 60062TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP 600139534886
01/06/09--01014--010 **750.00TITLE VP ☒ Delete
NAME THOMPSON, ROBERT VP
STREET ADDRESS 1 RESERVOIR ROAD
CITY-STATE-ZIP WEST CHESTER, MA 01930TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE VP ☐ Delete
NAME GIANNOLA, ANTHONY VP
STREET ADDRESS 2775 SANDERS RD
CITY-STATE-ZIP NORTHBROOK, IL 60062TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP \$21/14TITLE PRES ☒ Delete
NAME BROADFIELD, SHAWN PRES
STREET ADDRESS 3100 SANDERS RD
CITY-STATE-ZIP NORTHBROOK, IL 60062TITLE ☒ Change ☐ Addition
NAME PRES
STREET ADDRESS ALLAN ROBINSON
CITY-STATE-ZIP 3100 SANDERS RD
NORTH BROOKTITLE CONT ☐ Delete
NAME PILCH, SAMUEL H CONTROL
STREET ADDRESS 2775 SANDERS RD
CITY-STATE-ZIP NORTHBROOK, IL 60062TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANTHONY GIANNOLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY GIANNOLA

Date,

Daytime Phone #

12/17/08 842402-6373