2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

F98000005026

1. Entity Name

HALLMARK SWEET, INC.



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90059 001 ***150.00

Suite, Apt. #, etc. City & State City & State Country Country Country Country Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite	Principal Place of Business ONE COOKSON PL. PROVIDENCE RI 02903 Mailing Address ONE COOKSON PL. PROVIDENCE RI 02903)3					
City & State City & State City & State City & State Country Size Application Size Registered Agent To	2. Principal Ph	ace of Business	3. Mailing Address			[
Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required	Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City City FL Zip Code FL Z	City & State		City & State			4. FEI Number 05-0401094	———·		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 6. The above named earliety submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I a	Zip	Country Zip Cou			ry	5. Certificate of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code					Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code	C. T. CORPORATION SYSTEM			Characteristic (D.C. Paul Number in Not Appoints (D.C.					
PLANTATION FL 33324 6. Trye 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DC POWERS, RICHARD ONE COOKSON PL PROVIDENCE RI 02903 TITLE DP MAKE SIREET ADDRESS ONE COOKSON PL CITY-ST-2P PROVIDENCE RI 02903 TITLE DP ATTLEBORO MA 02703 TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS ONE COOKSON PL CITY-ST-2P ATTLEBORO MA 02703 TITLE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS ONE COOKSON PL COOKSON PL COTY-ST-2P ATTLEBORO MA 02703 TITLE SIREET ADDRESS ONE COOKSON PL COKSON					Street Address (P.O. Box Number is Not Acceptable)				
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NAME HAMMERLE, FREDRIC J NAME John Doherty		I *	₹1 Deicie		, AS		_ •	Λ	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 110 FRANK MOSSBERG DR

One Cookson Place

401.521.1000 Daytime Phone #