2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2001 8:00 am Secretary of State

DOCUI 1. Entity Nan	MENT # F 980	0000 539	6.			-	
	AT QUIET WATERS I	NVESTORS CORPO	RATIO	1			
Principal Place of Business Mailing Address					The state of the s	, Jan 1	27 50 not.
* GENERAL IN	VESTMENT & DEVELOPMENT CO.	GENERAL INVESTMENT	& DEVELO	PMENT CO.			·
	AVENUE, SUITE 2000 ·	600 ATLANTIC AVENUE,	DO NOT WRITE IN THIS SPACE 4. FEI Number 6.5 – 0.8. 66.23.9 Country 5. Certificate of Status Desired \$8.7. Fee R 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL 2 Cable. (NOTE: Registered Agent signature required when reinstating) DATE DW!!! FEE IS \$150.00 2001. Fee will be \$550.00 yable to Department of State 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECT STREET ADDRESS CITY. ST. 2IP TITLE NAME 0 STREET ADDRESS CITY. ST. 2IP TIT	9			
BOSTON, MA 0:	2210	BOSTON, MA 02210					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	e	City & State					
Zip Country		Zip Co		ıntry	5 Certificate of Status Desired 5		Not Applicable 5 Additional
	6: Name and Address of Currer	at Registered Agent	<u> </u>		<u> </u>		equired
							
$C \cap D \cap D \wedge D$	TION SERVICE COMPA	ΜV	i	Street Address	(P.O. Box Number is Not Acceptable)	
	TION SERVICE COMPA. 'S STREET	TAT					
-	SSEE, FL 32301-252	5		City			in Code
					·		ip Code
8. The above	named entity submits this stateme	ent for the purpose of changi	ng its regi	stered office or re	egistered agent, or both, in the State	of Florida.	
	•		•				
				Name			
*	Signature, typed or printed name of reg	pistered agent and little if applicat	ole. (NOTE: Registered A	Agent signature required when reinstating)	DATE	
- Tax filing re	ration is eligible to satisfy its Intang equirement and elects to do so. a on back)	After MAY 1, 2	001 Fee	will be \$550.00	Trust Fund Contribution		55.00 May Be Added to Fees
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	CTORS IN 11 hange Addition
TITLE	PD	Delete				cr	hange Addition
NAME STREET ADDRESS	DEWITT, ROBERT E 600 ATLANTIC AVEN	HE SHITE 2000		Y			ľ
CITY - ST - ZIP	BOSTON, MA 02210		CITY	- ST - ZIP			
TITLE	VDS	Delete				☐ c	hange Addition
NAME STREET ADDRESS	JOHNSON, STUART R 600 ATLANTIC AVEN			· ·			1
CITY - \$T - ZIP	BOSTON, MA 02210	OE, 3011E 2000					
TITLE	V	Delete				a	hange Addition
NAME STREET ADDRESS	FARRINGTON, ROBER' 600 ATLANTIC AVEN			l.			
CITY - ST - ZIP	BOSTON, MA 02210	OE, SUITE 2000					
TITLE	V	Delete				C+	hange Addition
NAME STREET ADDRESS	WALLACE, W. GARDNI 600 ATLANTIC AVEN			L.			1
CITY - ST - ZIP	BOSTON, MA 02210	OU, DOLLE 2000					
TITLE	<u>V</u> -	. Delete				☐ ch	hange Addition
NAME STREET ADORESS	WYRWICZ, STANLEY 1600 ATLANTIC AVEN			F F	Spring School	1975 - July	and and
CITY - ST - ZIP	BOSTON, MA 02210		l l	l l			
TITLE	T	Delete			CONTANTO CON TO A CO	1 1	nange Addition
NAME STREET ADDRESS	MARTIN, PETER S 600 ATLANTIC AVEN	HE SUTTE 2000			÷ 11471 - 1 - 1177 - 1111	ಪ್ರಾಟಿಕ್ಟ್ (IQL'A
	BOSTON, MA 02210						
 I hereby cer information officer or di 	rtify that the information supplied w indicated on this report or suppler	mental report is true and acc eiver or trustee empowered ttachment with an address, v	urate and to execute vith all oth	that my signature this report as re er like empowere	e shall have the same legal effect as quired by Chapter 607, Florida Statu	if made under o	oath; that I am an
SIGNATI	JRE:	Il Pet	e1 S.	Martin	4/27/01	(617) 97	3-9680
	CICNIATURE AND TVO	ED OF PRINTED NAME OF SIG	MINIC OFF	CER OR DIDECTO	R Date	Daytime	