

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90182 033 \*\*\*150.00

0400391 AV

**DOCUMENT # F98000005577**

1. Entity Name  
**SWD HOLDING, INC. I**



Principal Place of Business  
**15 HAMPSHIRE STREET  
MANSFIELD MA 02048**

Mailing Address  
**PO BOX 3038  
BOCA RATON FL 33431-0338  
US**

00100010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0502161**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MEELIA, RICHARD</b>	
STREET ADDRESS	<b>15 HAMPSHIRE STREET</b>	
CITY-ST-ZIP	<b>MANSFIELD MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>DOCKENDORFF, CHARLES</b>	
STREET ADDRESS	<b>15 HAMPSHIRE STREET</b>	
CITY-ST-ZIP	<b>MANSFIELD MA</b>	
TITLE	<b>VPAT</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENSON, SCOTT</b>	
STREET ADDRESS	<b>ONE TOWN CENTER RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBINSON, MICHAEL</b>	
STREET ADDRESS	<b>ONE TOWN CENTER RD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MASTERTON, JOHN</b>	
STREET ADDRESS	<b>15 HAMPSHIRE STREET</b>	
CITY-ST-ZIP	<b>MANSFIELD MA 02048</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SWARTZ, MARK</b>	
STREET ADDRESS	<b>ONE TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Martina Hund-Mejean</b>	
STREET ADDRESS	<b>9 West 57<sup>th</sup> St, 43<sup>rd</sup> Fl</b>	
CITY-ST-ZIP	<b>New York, NY 10019</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VPAT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>John E. Evard, Jr.</b>	
STREET ADDRESS	<b>One Town Center Road</b>	
CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John E. Evard, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

John E. Evard, Jr.  
Vice President/ Asst. Treasurer

Date

Daytime Phone #

**561 984 7823**

CR2E034 (10/02)

Attachment

90135618

(Untitled)

F98000005577

Position Type	Name	Title
Director	Lytton, William B.	Director
Officer	Travis, Patricia J.	Assistant Secretary
Officer	Stevenson, Scott	Vice President and Assistant Treasurer
Officer	Moroze, M. Brian	Secretary
Officer	Evard, Jr., John E.	Vice President and Assistant Treasurer
Officer	Foley, Mark D.	Vice President
Officer	Meelia, Richard J.	Vice President
Officer	Masterson, John H.	Vice President
Officer	Masterson, John H.	Assistant Secretary
Officer	Breen, Edward D.	President
Officer	Hund-Mejean, Martina	Treasurer
Officer	Gould, Kevin	Vice President
Officer	Flanigan, Timothy E.	Vice President
Director	Flanigan, Timothy E.	Director
Officer	FitzPatrick, David J	Vice President
Officer	Dockendorff, Charles	Vice President
Officer	Courson, Gardner G.	Vice President
Director	Courson, Gardner G.	Director