

DOCUMENT # F98000005675

1. Entity Name
HILL ASSOCIATES OF VERMONT INC

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90018 009 ***150.00

Principal Place of Business
17 ROOSEVELT HWY
COLCHESTER VT
05446

Mailing Address
17 ROOSEVELT HWY
COLCHESTER VT
05446

2. Principal Place of Business
Suite Apt. #, etc.
City & State

3. Mailing Address
Suite Apt. #, etc.
City & State

4. FEI Number
03-0281375
Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent
MCARTHY, JOSEPH W
9259 BLADON ST
SPRING HILL, FL
34602

7. Name and Address of New Registered Agent
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

SIGNATURE
Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP | SEE ATTACHED LIST FOR CURRENT OFFICERS AND DIRECTORS <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: DAWN TERRILL 3-21-00 8026558615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2F034 (9/99)

F98000005675

828942

Please update your records to reflect the following changes.

Fiscal year: 1999

Fiscal month end: 12

Current officers & directors:

| | | |
|-----------------|--------------------|--|
| President: | temporarily vacant | |
| Vice President: | Dawn Terrill | 108 Sunset View, Colchester, VT 05446 |
| Secretary: | Chris Gannon | 30 Main Street, Burlington, VT 05402 |
| Treasurer: | Dawn Terrill | 108 Sunset View, Colchester, VT 05446 |
| Director 1: | Mark Fei | 7443 Snow Lily Place, Castle Rock, CO 80104 |
| Director 2: | Joseph Candido | 103 Sunset View Road, Colchester, VT 05446 |
| Director 3: | Hal Remington | 1254 Harper lake Ct., CO 80027 |
| Director 4: | Steven Shepard | 340 Lawnwood Drive, Williston, VT 05495 |
| Director 5: | Robert Camp | P.O. Box 153, North Hero, VT 05474 |
| Director 6: | Roger Perry | P.O. Box 670 Champlain College, Burlington, VT 05401 |
| Director 7: | Angelo Pizzagalli | Box 2009 South Burlington, VT 05403 |
| Director 8: | William Cimonetti | 1393 spear Street, So. Burlington, VT 05403 |
| Director 9: | Jean Bernard | 1617 Route 17, Cumberland, ONT K4C 1H5 |
| Director 10: | Dave Hill | 17 Roosevelt Highway, Colchester, VT 05446 |