

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90053 045 ***150.00

0571784 AT

DOCUMENT # F98000006032

1. Entity Name

ILM II HOLDING, INC.

Principal Place of Business

**28 STATE STREET, STE 1100
 BOSTON MA 02109**

Mailing Address

**28 STATE STREET, STE 1100
 BOSTON MA 02109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3783950

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 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, 2002 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 **SD** ☐ Delete
 NAME **DWYER, JEFFREY R**
 STREET ADDRESS **1300 CONNECTICUT AVE., NW STE 1000**
 CITY-ST-ZIP **WASHINGTON DC**

TITLE **D** ☐ Delete
 NAME **SHARMAN, J. WILLIAM**
 STREET ADDRESS **515 LOUISIANA STE 300**
 CITY-ST-ZIP **HOUSTON TX**

TITLE **D** ☐ Delete
 NAME **SCHRAMM, CARL J**
 STREET ADDRESS **658 KENILWORTH DR. STE 100**
 CITY-ST-ZIP **TOWSON MD 21204**

TITLE **P** ☒ Delete
 NAME **SHARMAN, WILLIAM J**
 STREET ADDRESS **515 LOUISIANA STE 300**
 CITY-ST-ZIP **HOUSTON TX 77002**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☒ Addition
 NAME **David Carlson**
 STREET ADDRESS **28 State Street, Ste 1100**
 CITY-ST-ZIP **Boston, MA 02109**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

David Carlson President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02 617-573-5035

CR2E034 (9/01)