

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**  
 05-13-2000 90040 031 \*\*\*150.00

**DOCUMENT # F98000006338**

1. Entity Name

**D. MARTIN AND ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**1515 NORTH SANBORN BLVD.  
 MITCHELL SD 57301-1021**

**1515 NORTH SANBORN BLVD.  
 MITCHELL SD 57301-1021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**46-0350212**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **MARTIN, DOUGLAS F**  
 STREET ADDRESS **1515 NORTH SANBORN BLVD.**  
 CITY-ST-ZIP **MITCHELL SD 57301-1021**

TITLE **P / O** ☒ Change ☐ Addition  
 NAME **DOUGLAS F. MARTIN**  
 STREET ADDRESS **1515 NORTH SANBORN BOULEVARD**  
 CITY-ST-ZIP **MITCHELL, SOUTH DAKOTA 57301-1021**

TITLE **VP** ☐ Delete  
 NAME **MUSICK, ROGER D**  
 STREET ADDRESS **1515 NORTH SANBORN BLVD.**  
 CITY-ST-ZIP **MITCHELL SD 57301-1021**

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

TITLE **ST** ☒ Delete  
 NAME **KELLEY, HARVEY L**  
 STREET ADDRESS **1515 NORTH SANBORN BLVD.**  
 CITY-ST-ZIP **MITCHELL SD 57301-1021**

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

TITLE **VP** ☐ Delete  
 NAME **BARTELS, KEITH A**  
 STREET ADDRESS **1515 NORTH SANBORN BLVD.**  
 CITY-ST-ZIP **MITCHELL SD 57301-1021**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VP / S / T** ☐ Change ☒ Addition  
 NAME **BRUCE D. HERMAN**  
 STREET ADDRESS **1515 N. SANBORN BOULEVARD**  
 CITY-ST-ZIP **MITCHELL, SOUTH DAKOTA 57301-1021**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Bruce D. Herman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP / S / T**

**4/28/00**

Date

**(605) 996-9646**

Daytime Phone #

CR2E034 (9/99)

F98000006338  
844/743

**FLORIDA - 2000 UNIFORM BUSINESS REPORT (UBR)**  
**DOCUMENT NUMBER F98000006338**

**12. Cont.**

**Directors**

Scott C. Collins  
600 Atlantic Avenue, Suite 2800  
Boston, Massachusetts 02210

Kevin P. Mohan  
600 Atlantic Avenue, Suite 2800  
Boston, Massachusetts 02210

Kenneth T. Schiciano  
125 High Street, Suite 2500  
Boston, Massachusetts 02110

Brian J. Conway  
125 High Street, Suite 2500  
Boston, Massachusetts 02110