2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am Secretary of State DOCUMENT # F98000006996 1. Entity Name TRI-CONN II ADVISORS, INC. 05-20-2002 90101 011 ***158.75 Principal Place of Business Mailing Address 28 STATE STREET, 37TH FLOOR 28 STATE STREET. 37TH FLOOR BOSTON MA 02109 **BOSTON MA 02109** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3440002 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE TITLE ☐ Delete ☐ Addition NAME MOSELEY, FREDERICK S IV NAME STREET ADDRESS 173 LARCH ROW STREET ADDRESS CITY-ST-ZIP WENHAM MA 01984 CITY-ST-ZIP Delete Addition VSTD TITLE ☐ Change Peter Schofield 28 Stake St 37m NAME TREVISANI, ROBERT M NAME STREET ADDRESS 28 STATE STREET, 37TH FLOOR STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02109** CITY-ST-ZIP Boston mt 02109 ☐ Delete _ 🗀 Change TITLE _ TITLE Addition NAME MCCARTHY, FREDERICK W NAME STREET ADDRESS STREET ADDRESS 28 STATE STREET, 37TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02109** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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