2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F98000007139 1. Entity Name TCHI INVESTORS, INC. 04-30-2001 90444 028 ***158.75 Principal Place of Business Mailing Address 28 STATE ST. 37TH FL 28 STATE ST. 37TH FL 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. FE! Number Applied For 04-3429782 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name بأرياء ماميدميوها ويهدما رح رحوت CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 DATE 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition **CEOC** TITLE ☐ Delete TITLE MCCARTHY, FREDERICK W NAME NAME STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVE, STE 160-268 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MOSELEY, FREDERICK S IV STREET ADDRESS STREET ADDRESS 28 STATE ST. 37TH FL CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02109 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME MCLAUGHLIN, RICHARD F III - --STREET ADDRESS STREET ADDRESS 28 STATE ST, 37TH FL CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02109 ☐ Delete TITI E ☐ Change ☐ Addition TITLE CFOS NAME NAME TREVISANI, ROBERT M STREET ADDRESS STREET ADDRESS 28 STATE ST, 37TH FL CITY-ST-ZIP CITY-ST-ZIF BOSTON MA 02109 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME SPADONI, CHARLES B STREET ADDRESS STREET ADDRESS 28 STATE ST, 37TH FL CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02109 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 logal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee of cowered 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 fall of her like empowered.

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