

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000319**

1. Entity Name

RELOCATION RESOURCES INTERNATIONAL, INC.

Principal Place of Business

**120 LONGWATER DRIVE
NORWELL MA 02061**

Mailing Address

**120 LONGWATER DRIVE
NORWELL MA 02061**

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

APPLIED FOR**04-265-7027**

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

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

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, 2001 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	CPT	<input type="checkbox"/> Delete
NAME	HALL, WALTER R JR.	
STREET ADDRESS	184 RIVER STREET	
CITY-ST-ZIP	NORWELL MA 02061	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAMP, DANIEL J	
STREET ADDRESS	43 DEERPATH TRAIL SOUTH	
CITY-ST-ZIP	DUXBURY MA 02332	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHER, RICHARD T	
STREET ADDRESS	7234 LANCASTER PIKE	
CITY-ST-ZIP	HOCKESSIN DE 19707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V	<input type="checkbox"/> Delete
NAME	SPENCER, REBECCA	
STREET ADDRESS	92 EVANS STREET	
CITY-ST-ZIP	WATERTOWN MA 02172	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, STEPHEN	
STREET ADDRESS	45 CROSS CREEK LANE	
CITY-ST-ZIP	DUXBURY MA 02332	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/V	<input type="checkbox"/> Delete
NAME	BENEVIDES, JOSEPH V JR.	
STREET ADDRESS	60 MALBONE ROAD	
CITY-ST-ZIP	ASSONET MA 02702	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN S. JONES**1/10/2001**

Date

781-982-5007

Daytime Phone #

CR2E034 (10/00)