

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90141 046 ***150.00

DOCUMENT # F99000000319

1. Entity Name

Relocation Resources International, Inc. ✓



DO NOT WRITE IN THIS SPACE

11030055

2. Principal Place of Business

120 Longwater Drive

3. Mailing Address

120 Longwater Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Norwell, MA

City & State

Norwell, MA

4. FEI Number

04-265-7027

Applied For

Not Applicable

Zip

02061

Country

USA

Zip

02061

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

CTD

NAME

Hall, Walter R. Jr.

STREET ADDRESS

184 River Street

CITY-ST-ZIP

Norwell, MA 02061

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

D/V

NAME

Benevides, Joseph V. Jr.

STREET ADDRESS

60 Malbone Road

CITY-ST-ZIP

Assonet, MA 02702

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S/V

NAME

Jones, Stephen S.

STREET ADDRESS

45 Cross Creek Lane

CITY-ST-ZIP

Duxbury, MA 02332

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Asst V

NAME

Teare, Donald A.

STREET ADDRESS

10A Old Colony Road

CITY-ST-ZIP

Hull, MA 02045

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

NAME

Alpi, Karen

STREET ADDRESS

71 Riverside Road

CITY-ST-ZIP

Sandy Hook, CT 06482

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

V

NAME

Hassett, Roberta

STREET ADDRESS

84 Pine View Drive

CITY-ST-ZIP

Brewster, MA 02631

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald A. Teare

Donald A. Teare Asst VP

4/28/03

781-871-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #