## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 15 AM 11:03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F99000000520

1. Entity Name

Alanna, Inc.

## DO NOT WRITE IN THIS SPACE

| , , , , , , , , , , , , , , , , , , ,                  | x                                          | - 1 |
|--------------------------------------------------------|--------------------------------------------|-----|
| 2. Principal Place of Business<br>82 Devonshire Street | 3. Mailing Address<br>82 Devonshire Street |     |
| Suite, Apt. #, etc.                                    | Suite, Apt. #, etc.                        |     |
| City & State                                           | City & State                               |     |

DO NOT WRITE IN THIS SPACE FEI Number 04-3170226 Applied For Boston, MA Boston, Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 02109 02109 Fee Required

## DO NOT WRITE IN THIS SPACE

| Name CT Co        | rporation                       | System                           |  |
|-------------------|---------------------------------|----------------------------------|--|
| Street Address (1 | O. Box Number is<br>South 'Pine | Not Acceptable)<br>E Island Road |  |

| 8. | . The above named entity submits this statement for the purpose of changing its registered office or registered $\epsilon$ | agent, or both | , in the State of Florida, |
|----|----------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|

| 0.0.0 | Signature, typed or printed name of registered agent and title if applicable |
|-------|------------------------------------------------------------------------------|
|       |                                                                              |

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SIGNATURE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00

City

(NOTE: Registered Agent signature required when reinstating)

10.

Plantation

**10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code 33324

| (See criteri                                                                            | a on back)                                                                                                                                                              | nded UBR is \$61.25 ayable to Department of State               | Trust Fund Contribution. Added to Fees |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| 11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | OFFICERS AND DIRECTORS  President and Director  Timothy T. Hilton 82 Devonshire Street Boston, MA 02109  Treasurer Michael B. Fox 82 Devonshire Street Boston, MA 02109 | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 40005183244                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                   | Clerk Jay Freedman 82 Devonshire Street Boston, MA 02109                                                                                                                | CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP              | DO NOT WRITE                           |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP                                                   | Assistant Clerk<br>Susan E. Hislóp<br>82 Devonshire Street<br>Boston, MA 02109                                                                                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP                           | IN THIS SPACE                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                   | Director John J. Remondi 82 Devonshire Street Boston, MA 02109                                                                                                          | TITLE  NAME.  STREET ÄDDRESS  CITY-ST-ZIP                       |                                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                   |                                                                                                                                                                         | HILE HAME STREET ADDRESS CITY-ST-ZIP                            |                                        |

<sup>13.</sup> 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SUSAN E. Hislop. A

. Assistant Clerk

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(617) 392-056

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