

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

FILED

02 JUL -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F99 000001805*

1. Entity Name

Sim LEVEL 1, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

160 Weymouth Street

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Rockland, MA

City & State

Zip

02370

Country

USA

Zip

Country

4. FEI Number

04-2915838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

REINSTATEMENT 99-02

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Barbara A. Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

625-02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Chairman
Lawrence Kinet
765 Finchley Rd. London NW11 8DS**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**President
Howard Donnelly
160 Weymouth St. Rockland, MA 02370**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Treasurer
Peter Mason
765 Finchley Rd. London, UK NW11DS**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Secretary
Michael J. Pedrick
2000 One Logan Sq. Philadelphia, PA
19103-6993**

TITLE
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*****1200.00 ***1200.00**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

Date

(781) 878-8011

Daytime Phone

CR2E034B (12/01)