2001 UNIFORM BUSINESS REPORT (UBR)

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

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 07, 2001 8:00 am Secretary of State DOCUMENT # F9900005657 ALLIED PROFESSIONAL ADVISORS, INC. 02-07-2001 90132 018 ***150.00 Principal Place of Business Mailing Address ONE GRANITE PLACE ONE GRANITE PLACE CONCORD NH 03301 CONCORD NH 03301 COUTAGA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-2162279 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PCD ☐ Change ☐ Delete TITLE TITLE ANGARELLA, RONALD R NAME NAME STREET ADDRESS ONE GRANITE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONCORD NH 03301 ☐ Change ☐ Addition VD. ☐ Delete TITLE HARDIMAN, CAROL R NAME NAME ONE GRANITE PLACE STREET ADDRESS STREET ADDRESS CONCORD NH 03301 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition: -TITLE----- Delete TITLE LEASE, SHARI J NAME NAME ONE GRANITE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONCORD NH 03301 Change ☐ Addition TITI F ☐ Delete TITLE Weston, John A NAME NAME ONE GRANITE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CONCORD NH 03301 □ Change ☐ Addition ☐ Delete TITLE TIT! F CORNELIO, CHARLES C NAME NAME STREET ADDRESS 100 NORTH GREENE STREET STREET ADDRESS CITY-ST-ZIP GREENSBORO NC 27301 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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