

05-08-2002 90098 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005657

1. Entity Name
ALLIED PROFESSIONAL ADVISORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE GRANITE PLACE
 Suite, Apt. #, etc.

3. Mailing Address
ONE GRANITE PLACE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CONCORD, NH

City & State
CONCORD, NH

4. FEI Number
56-2162279

Applied For
 Not Applicable

Zip Country
03301

Zip Country
03301

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

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1st May 1st Fee is \$150.00
After May 1st 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-ST-ZIP	PCD ANGARELLA, RONALD R. ONE GRANITE PLACE CONCORD, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARDIMAN, CAROL R. ONE GRANITE PLACE CONCORD, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEASE, SHARI J. ONE GRANITE PLACE CONCORD, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTON, JOHN A. ONE GRANITE PLACE CONCORD, NH 03301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORNELIO, CHARLES C. 100 NORTH GREENE STREET GREENSBORO, NC 27301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: Shari J. Lease Shari J. Lease 4/26/2002 (603)226-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone