

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 035 ***150.00

DOCUMENT # 654128 ✓

1. Entity Name

DAVID E. MORGAN ENERGY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1 REGENCY PLAZA

Suite, Apt. #, etc.

SUITE 106-R

City & State

PROVIDENCE, R.I.

Zip

02903

Country

3. Mailing Address

1 REGENCY PLAZA

Suite, Apt. #, etc.

SUITE 106-R

City & State

PROVIDENCE, R.I.

Zip

02903

Country

4. FEI Number

59-2341363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MORGAN, NICHOLAS

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

WINTHROP HOUSE #318

100 WORTH AVENUE

City

PALM BEACH

FL

Zip Code

33480

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.

SIGNATURE

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 - ST - ZIP
PD
MORGAN, NICHOLAS
1415 MCGEE AVENUE
BERKELEY, CA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LINDSAY, FERN
37 SKYRIDGE ROAD
GREENWICH, CT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SOLMONSON, LESLIE
1016 FIFTH AVENUE
NEW YORK, NY

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BRAVER, MARTIN D.
1330 BOYLSTON STREET
CHESTNUT HILL, MA 02467

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

617-566-4764

Daytime Phone #