FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2004 8:00 am
Secretary of State
03-12-2004 90027 044 ***150.00

DOCUMENT # J51616

1. Entity Name
DIALCO, INC.

DO NOT WRITE IN THIS SPACE

44U4U3U7

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2. Principal Place of Business	3. Mailing Address
2 TRURO ROAD	2 TRURO ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORFOLK, MA	City & State: NORFOLK, MA
Zip: 02056 Country: USA	Zip: 02056 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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 BRUNELLI, WILLIAM J.
Street Address (P.O. Box Number is Not Acceptable) 3549 DEER RUN SOUTH
City PALM HARBOR FL Zip Code 34684

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______
Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS NAME MOLLOY, MATTHEW STREET ADDRESS 2 TRURO ROAD CITY - ST - ZIP NORFOLK,MA 02056	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Molloy 3/8/04 508-528-3396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3W1140 1.000