2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41961 May 16, 2000 8:00 am Secretary of State 1. Entity Name E. PAUL CASEY ASSOCIATES, INC. 05-16-2000 90165 006 ***150.00 Mailing Address Principal Place of Business % BARTLETT, HACKETT, FEIBERG % E. PAUL CASEY 330 SOUTH BEACH ROAD 10 HIGH STREET. SUITE 920 BOSTON MA 02110-1605 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 06-1248443 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASEY, E. PAUL Street Address (P.O. Box Number is Not Acceptable) 330 S BEACH RD **HOBE SOUND FL 33455** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 Change TITLE ☐ Delete TITLE CASEY, E. PAUL NAME NAME 330 S BEACH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE CASEY, E. PAUL NAME NAME 330 S. BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE BARTLETT, EDWARD J JR. NAME NAME 10 HIGH STREET, SUITE 920 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02110** CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

(617) 422-0200