FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 25 PM 12:33

DOCUMENT # ~~K4391~~ 1543491

1. Entity Name
GOODRICH PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1067 S. Ocean Blvd.	1067 S. Ocean Blvd.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Palm Beach, FL 33480	City & State: Palm Beach, FL 33480
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0082718 ☐ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

City: Tallahassee, FL Zip Code: 32301

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's 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 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	PD	TITLE	
NAME	Coleman, John J.	NAME	
STREET ADDRESS	1067 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Palm Beach, FL 33480	CITY-ST-ZIP	
TITLE	TSD	TITLE	
NAME	Hines, Jr., Edward F.	NAME	
STREET ADDRESS	63 Salem St.	STREET ADDRESS	
CITY-ST-ZIP	Andover, MA 01810	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	Corley, Nolly E.	NAME	
STREET ADDRESS	20 Bellaire Road	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	West Roxbury, MA 02131	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Edward F.Hines, Jr. Secretary 2/ /02 '(781) 274-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #