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LIMITED LIABILITY REINSTATEMENT  
VERITUDE LLC

|                       |          |
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| Certificate of Status | 0        |
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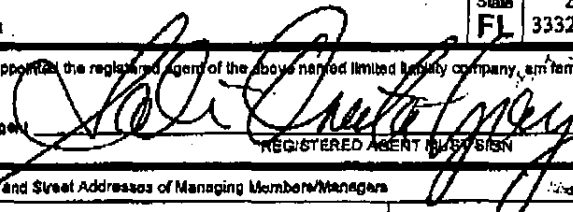
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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                    |
| <b>DOCUMENT #</b> M00000002 314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                    |
| 1. Limited Liability Company's Name<br>Veritude LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |                                                                                                                                                                        |                    |
| 2. Principal Office Address - No P.O. Box #<br>82 Devonshire Street<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | 3. Mailing Office Address<br>82 Devonshire Street<br>Suite, Apt. #, etc.                                                                                               |                    |
| City & State<br>Boston, MA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | City & State<br>Boston, MA                                                                                                                                             |                    |
| Zip<br>02109                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Country<br>USA                    | Zip<br>02109                                                                                                                                                           | Country<br>USA     |
| 4. State/Country of Formation<br>Delaware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>11/09/2000                                                                                                 |                    |
| 6. FEI Number<br>04-3535482                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                 |                    |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 (Additional \$5.00 required for a Certificate of Status)                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                                                                                                        |                    |
| 8. Name and Address of Current Registered Agent<br>Name<br>C T Corporation System<br>Street Address (P.O. Box Number is Not Acceptable)<br>1200 South Pine Island Road, c/o C T Corporation System<br>Suite, Apt. #, Etc.<br>City<br>Plantation                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                    |
| State<br>FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   | Zip Code<br>33324                                                                                                                                                      |                    |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.<br>Signature of Registered Agent  <b>SALLY AMENTA-GRAY</b><br>SPECIAL ASSISTANT SECRETARY<br>REGISTERED AGENT SUBSISTEN                                                                                                                                                                                                                 |                                   |                                                                                                                                                                        |                    |
| 10. Names and Street Addresses of Managing Members/Managers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                   |                                                                                                                                                                        |                    |
| Titles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager                                                                                                                         | City / State / Zip |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *** See attached list ***         |                                                                                                                                                                        |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                                        |                    |
| 11. E-mail Address: <u>sandy.anderson-brooks@fmr.com</u> (To be used for future annual report notifications)                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   |                                                                                                                                                                        |                    |
| 12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. |                                   |                                                                                                                                                                        |                    |
| Signature of Managing Member/Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   | Date <u>Aug 23, 2010</u> Daytime Phone # <u>617-563-7000</u>                                                                                                           |                    |
| Typed or printed name of signing Managing Member/Manager <u>Michael G. Pakowsky,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Managing Member                                                                                                                                                        |                    |

REINSTATEMENT 2008-2010

## Directors/Officers Report

As Of 8/18/2010

### Veritudo LLC

#### Directors

|                      |          |                                        |
|----------------------|----------|----------------------------------------|
| Jack L. Conrad       | Director | 82 Devonshire Street, Boston, MA 02109 |
| M. Benfield Phillips | Director | 82 Devonshire Street, Boston, MA 02109 |
| Charles J. Shea      | Director | 82 Devonshire Street, Boston, MA 02109 |

#### Officers

|                    |                         |                                        |
|--------------------|-------------------------|----------------------------------------|
| Jack L. Conrad     | President               | 82 Devonshire Street, Boston, MA 02109 |
| Julio Mazzarella   | Chief Financial Officer | 82 Devonshire Street, Boston, MA 02109 |
| Steven Schiffman   | Treasurer               | 82 Devonshire Street, Boston, MA 02109 |
| Timothy J. Barnett | Assistant Treasurer     | 82 Devonshire Street, Boston, MA 02109 |
| J. Gregory Wass    | Assistant Treasurer     | 82 Devonshire Street, Boston, MA 02109 |
| Patricia R. Hurley | Secretary               | 82 Devonshire Street, Boston, MA 02109 |
| Minnie Joung       | Assistant Secretary     | 82 Devonshire Street, Boston, MA 02109 |
| Michael Pekowsky   | Assistant Secretary     | 82 Devonshire Street, Boston, MA 02109 |

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