

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90061 005 ****50.00

DOCUMENT # M00000002425

1. Entity Name

HPSC GLOUCESTER FUNDING 2002-1 LLC II



Principal Place of Business

**60 STATE ST., STE. 3520
BOSTON MA 02109-1803**

Mailing Address

**60 STATE ST., STE. 3520
BOSTON MA 02109-1803**

20021545



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2560004**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **KENNEY, RICHARD L**
STREET ADDRESS **60 STATE ST., STE. 3520**
CITY-ST-ZIP **BOSTON MA 02109-1803**

TITLE **MGR** ☐ Delete
NAME **LEFEBURE, RENE**
STREET ADDRESS **60 STATE ST., STE. 3520**
CITY-ST-ZIP **BOSTON MA 02109-1803**

TITLE **MGR** ☒ Delete
NAME **FERRUCCI, MARK**
STREET ADDRESS **1209 ORANGE ST.**
CITY-ST-ZIP **WILMINGTON DE 19901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MR**
STREET ADDRESS **DOMENIC BARRIELLO**
CITY-ST-ZIP **1209 ORANGE ST
WILMINGTON DE 19901**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MEMBER**
STREET ADDRESS **HPSC INC**
CITY-ST-ZIP **60 STATE ST 3520 FL
BOSTON MA 02109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

RICHARD L KENNEY

1/27/03

617-260-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)