

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90129 021 ****50.00

DOCUMENT # M02000003248

1. Entity Name

HPSC GLOUCESTER FUNDING 2003-1 LLC I



Principal Place of Business

60 STATE STREET, SUITE 3250
BOSTON MA 02109-1803

Mailing Address

60 STATE STREET, SUITE 3250
BOSTON MA 02109-1803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME KENNEY, RICHARD L
STREET ADDRESS 60 STATE STREET, SUITE 3250
CITY-ST-ZIP BOSTON MA 02109-1803

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

TITLE MGR ☐ Delete
NAME LEFEBVRE, RENE
STREET ADDRESS 60 STATE STREET, SUITE 3250
CITY-ST-ZIP BOSTON MA 02109-1803

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

TITLE MGR ☐ Delete
NAME UVA, KENNETH J.
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19901

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

TITLE MGR ☒ Delete
NAME LUTTHANS, KIM E
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19901

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

TITLE MEM ☐ Delete
NAME HPSC, INC.
STREET ADDRESS 60 STATE STREET, SUITE 3250
CITY-ST-ZIP BOSTON MA 02109-1803

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

TITLE MGR ☐ Delete
NAME BALLOU, STEPHEN
STREET ADDRESS 60 STATE STREET, SUITE 3250
CITY-ST-ZIP BOSTON MA 02109-1803

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

Date

Daytime Phone #

04/02/04 617-720 3600