

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004582

Entity Name: GPO UCC LLC

FILED
Apr 21, 2011
Secretary of State

Current Principal Place of Business:

2 CENTER PLAZA, SUITE 410
BOSTON, MA 02108

New Principal Place of Business:

TWO CENTER PLAZA
SUITE 410
BOSTON, MA 02108

Current Mailing Address:

2 CENTER PLAZA, SUITE 410
BOSTON, MA 02108

New Mailing Address:

TWO CENTER PLAZA
SUITE 410
BOSTON, MA 02108

FEI Number: 26-0094841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SCHWANDT, GARY R
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

Title: MGR
Name: VERSAGGI, JOSEPH A
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

Title: MGR
Name: LESTAGE, ANDREW G
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

Title: MGR
Name: DIFRANCESCO, WILLIAM J
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

Title: MGR
Name: MACHERAS, JENNY
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

Title: MGRM
Name: GREAT POINT OHIO HOLDINGS, LLC
Address: TWO CENTER PLAZA, SUITE 410
City-St-Zip: BOSTON, MA 02108

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: GARY R. SCHWANDT

MGR

04/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date