2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # M9800000629 1. Entity Name 02-18-2002 90175 009 ****50 00 ATP HOLDINGS, L.L.C. Principal Place of Business Mailing Address C/O YAGER 430 CENTRE ST. C/O YAGER 430 CENTRE ST. #611 NEWTON MA 02458-2086 NEWTON MA 02458-2086 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-3335599 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAHENKAMP, ERIC Street Address (P.O. Box Number is Not Acceptable) 2816 S MACDILL AVE **TAMPA FL 33629** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE ☐ Change ☐ Addition ☐ Delete ALLEN, YAGER J NAME NAME STREET ADDRESS STREET ADDRESS 430 CENTRE ST., #611 CITY - ST - ZIP CITY-ST-ZIP NEWTON MA 02458-2086 MGRM TITLE Delete TITLE Change Addition YAGER, PAUL R NAME NAME STREET ADDRESS 19 AGASSIZ ST #25 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP CAMBRIDGE MA 02140-2850 ☐ Change ☐ Agaition MGRM ☐ Delete TITLE TITLE YAGER, HENRY M NAMÉ STREET ADDRESS STREET ADDRESS 10 LONG FELLOW PARK CITY - ST - ZIP **CAMBRIDGE MA 02138-4831** CITY-ST-ZIP Change Adoltion TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITT - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Adoition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

11. Thereby 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Cnange

Addition

☐ Delete

HILE

NAME

STREET ADDRESS

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