Daytime Phone #

## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)								APPROVED AND				
DOCUMENT # M9900001532								FI	LED			
1. Entity Name								00 MAY -5 PM 12: 24				
FOREST SYSTEMS, LLC								SECRETARY OF STATE				
Principal Plac	e of Busines		Maili	ng Address	· · · · · · · · · · · · · · · · · · ·	<del></del>		SALLAHASS	SEE, FLORIO	A		
51 MIAN STREET 51 MIAN STREET												
N. EASTON M	IA 02356		N. E	ASTON MA 02356-14	<b>429</b>		Į	*	191 <b>22</b> 111 <b>22111 2212</b> 1 112	B) 85188	11118 1181 1881	
2. Principal Place of Business 51 MAIN STREET 51 MAIN STREET						ET	ĺ		()  <b>0</b> 6   <del> </del>   58    <b>0</b> 6     ) 0	AI AIIAS	11118 (18) (88)	
Suite, Apt. #, etc.  Suite, Apt. #, etc.								DO NOT WRI	TE IN THIS SPACE	Ξ		
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Zip 02	356	Country	Zip	02356	Coun	try	<b>5.</b> Cer	ificate of Status Desired		O Add	ditional * * * * * d	
6. Name and Address of Current Registered Agent						Name	7. Nan	ne and Address of New F	Registered Agent			
C T CORPORATION SYSTEM						Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND ROAD						Jurean Air	adiess (F.O. Dox	Turnor is 140t Accopiant	<del></del>			
PLANTATION FL 33324						City			7	ip Code	e	
				-f -l ' - '				as both in the State of El				
8. The above	named entit	y submits this statemen	it for the pur	pose of changing if	s register	эа отке ог	registered agent	or both, in the State of Fig	Jilda.			
SIGNATURE	Signature, typed	or printed name of registered ag	gent and title if ap	oplicable. (NC	TE: Registere	d Agent signatu	re required when reinsta	ting)	DATE	<u>,                                     </u>		
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				Make Check P								
9.		MANAGING MEI	MBERS/ME	MBERS	10.			ADDITIONS	/CHANGES			
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11. I hereby	certify that the	e information supplied v	with this filing	g does not qualify f	or the exe	motion stat	ed in Section 119	.07(3)(i), Florida Statutes.	I further certify the	at the ir	nformation	
indicated limited (ia	on this report ability compar	rt is true and accurate a ny drithe receiver or true	and that my s stee empow	signature shall have ered to execute this	e the same s report as	e legal effect required b	ct as if made und by Chapter 608, F	er oath; that I am a mana orida Statutes.	ging member or m	ıanage	r of the	
SIGNAT		Manager 1		r Beau	ire.	PACT QU	ISTGUS AU	1C. 41 19 0	v 508 2	30	0407	