	MENT # N0100002	2610				FILED
1. Entity Name NORTHE	AST HTE USER'S GROUP	, INC.			08 NC	IV -4 AH IO:
Principal Plac 50 SOUTH M WEST HARFO		Mailing Address 50 SOUTH MAIN STRI WEST HARFORD, CT			i Cum TALLA	. I AN L OF STA HASSEE, FLCI
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				EMATA ATATA MIESI ITATA MATALAK M
Suite, Apt. #, etc.		Suite, Apt. #, etc.		102REINS	TATEME	NT 99 (1/07) <i>O</i>
City & Stat	e	City & State	· · ·	4. FEI Number 06-162760		Applie Not Ap
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	to 75
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New Registe	ered Agent
CT CORPORATION SYSTEMS 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
	named entity submits this statement fo ions of registered agent.	Ourle	City City Barbara A. E Special Assistant DTE: Registered Agent signature	Burke Secretary	the State of Florida.) 29.08 Inte
the obligat	ions of registered agent. Barlana A	Source (NG	ts registered office or reg Barbara A. E Special Assistant	Burke Secretary	the State of Florida. // (c Make c Florida D	I am familiar with, and 29.08 hate theck payable to epartment of State
the obligat SIGNATURE After Ja	ions of registered agent.	Source (NG 1.50 RECTORS	ts registered office or reg Barbara A. E Special Assistant DTE: Registered Agent signature	Burke Secretary required when reinstating) ADDITIONS/CHANGI	the State of Florida. // (c Make c Florida D	I am familiar with, and 2908 ATE Check payable to epartment of State ID DIRECTORS IN 10 Change 455
the obligat SIGNATURE After Jz 10. TITLE NAME STREET ADDRESS	ions of registered agent.	Source (NG 1.50 RECTORS	ts registered office or reg Barbara A. E Special Assistant DTE: Registered Agent signature 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANG	the State of Florida.	I am familiar with, and am familiar with, and ATE Check payable to epartment of State ID DIRECTORS IN 10 Change Change Change
the obligat SIGNATURE After Jz 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ions of registered agent.	SO (NO	ts registered office or reg Barbara A. E Special Assistant DTE: Registered Agent signature 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANG ADDITIONS/CHANG 5000 11/04/08 11/04/08 11/04/08 1000 m Color 1000 m Color 10	the State of Florida. Make of Florida D ES TO OFFICERS AN 1 3 7 6 2 2 0103700 0103700 0103700 0103700 0103700 0103700 0103700 0103700	I am familiar with, and I am fam familiar with, and
the obligat SIGNATURE . After Jz 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS.	ions of registered agent.	COULCE and bile if applicable. (NO .50 RECTORS Delete DOSEVELT AVE Delete MILLS Delete Delete	ts registered office or reg Barbara A. E Special Assistant DTE: Registered Agent signature 11. 11. 11. 11. 11. 11. 11. 11	ADDITIONS/CHANGE ADDITIONS/CHANGE 11/04/08	the State of Florida. // Make c Florida D ES TO OFFICERS AN 1 37622 0103700 2 0103700 2 0103700 2 0103700 2 0103700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 0003700 000370003700 00037000370003700 000370000000370003700037000370003700000	I am familiar with, and I am fam familiar with, and
the obligat SIGNATURE . After Jz 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	International Content of the second s	COULCE and bile if applicable. (NO SOURCE RECTORS Delete DOSEVELT AVE Delete Delete Delete HLAND AVE Delete	11. 1	ADDITIONS/CHANGE ADDITIONS/CHANGE 11/04/08	the State of Florida. Make of Florida D ESTO OFFICERS AN 1:37622 0103700 2 0103700 2 0103700 2 0103700 2 0103700 2 0103700 2 0103700 01037-	I am familiar with, and I am fam familiar with, and