2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 08, 2004
Secretary of State

DOCUMENT# N26192

Entity Name: SEMORAN COMMERCENTER ASSOCIATION, INC.

Current Principal Place of Business:

1266 FURNACE BROOK PKWY
QUINCY, MA 02169

New Principal Place of Business:

Current Mailing Address:

1266 FURNACE BROOK PKWY
QUINCY, MA 02169

New Mailing Address:

FEI Number: 65-0185389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RINKA, PATRICK K
215 N. EOLA DRIVE
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: DICKINSON, MARK G
Address: 1266 FURNACE PKWY
City-St-Zip: QUINCY, MA 02169

Title: DV ( ) Delete
Name: SHAW, EDWARD W
Address: 1266 FURNACE BROOK PKWY
City-St-Zip: QUINCY, MA 02169

Title: SD ( ) Delete
Name: BJORK, MARGARET T
Address: 1266 FURNACE BROOK PKWY
City-St-Zip: QUINCY, MA 02169

Title: D ( ) Delete
Name: BOC, JOHN F
Address: 1266 FURNACE BROOK PKWY
City-St-Zip: QUINCY, MA 02169

Title: SD ( ) Delete
Name: DICKINSON, MICHELE
Address: 1266 FURNACE BROOK PKWY
City-St-Zip: QUINCY, MA 02169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK G. DICKINSON PTD 12/08/2004

Electronic Signature of Signing Officer or Director — Date