NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90003 038 ****61.25

DOCUMENT # N99000003605 ✓

1. Entity Name
MISSION PRESS SOCIETY, INC.

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2. Principal Place of Business	3. Mailing Address
1510 HIGH RIDGE RD.	1510 HIGH RIDGE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33461 Country: PALM BEACH	Zip: 33461 Country: PALM BEACH

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65 0938148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NIEMINEN LAURI

Street Address (P.O. Box Number is Not Acceptable): 800 NOTTINGHAM BLVD

City: WEST PALM BEACH FL Zip Code: 33405

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. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAURI NIEMINEN
STREET ADDRESS	800 NOTTINGHAM BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VPD
NAME	PUUSTELLI TIMO
STREET ADDRESS	6289 LEAR DRIVE
CITY-ST-ZIP	LANTANA FL 33462
TITLE	S
NAME	KYMALAINEN EINO
STREET ADDRESS	5205 ABRISTA CIRCLE
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	T
NAME	SAARI ULLA
STREET ADDRESS	6804 TRADEWIND DRIVE
CITY-ST-ZIP	LANTANA FL 33462
TITLE	VT
NAME	LASSILA JOHANNA
STREET ADDRESS	10834 TAMIS TRAIL
CITY-ST-ZIP	LAKE WORTH FL 33467
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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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12. I hereby 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 or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Lauri Nieminen 4.23.02
LAURI NIEMINEN