2003 FOR PROFIT CORPORATION

SIGNATURE:

May 01, 2003 8:00 am 8 Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000030457 COCUMENT # 05-01-2003 90289 024 ***150.00 KELHAR & KATZ, INC. Principal Place of Business 5 SHAWS COVE. STE 203 Mailing Address 5 SHAWS COVE. STE 203 **NEW LONDON CT 06320** NEW LONDON CT 06320 2. Principal Place of Business 3. Mailing Address 4121 BURNS ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 10-0006378 PALM BEACH GARDENS FL Not Applicable Zip 33410 Country Zip Country \$8.75 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 RICHARD L BERBERIAN BERROCAL, CARLOS J 801 MAPLEWOOD DR. STE 22-A JUPITER FL 33458 PALM BEACH GARDENS manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10/ 11. TITLE TITLE Addition ☐ Delete BERBERIAN, RICHARD L NAME NAME 800 HINGHAM ST. STE 101 SOUTH STREET ADDRESS STREET ADDRESS ROCKLAND MA 02370 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERBERIAN, HAIG NAME NAME 800 HINGHAM ST, STE 101 SOUTH STREET ADDRESS STREET ADDRESS ROCKLAND MA 02370 CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST 12. I hereby certify that the information supplied with this; evemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in a first same legal effect as if made under oath; that I am an officer or director es not c indicated on this report or surpliemental report is true an of the corporation or the recover or trustee empowered to of the corporation or the rece changed, or on an attached ired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED