2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P09919

Entity Name: SLADE GORTON & CO., INC.

FILED Jan 05, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5220 NORTH OCEAN DRIVE 2501 SW 31ST STREET HOLLYWOOD, FL 33019 FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

5220 NORTH OCEAN DRIVE 2501 SW 31ST STREET HOLLYWOOD, FL 33019 FT. LAUDERDALE, FL 33312

FEI Number: 04-2260523 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLL, DAVID

5220 N. OCEAN DR.
HOLLYWOOD, FL 33019 US

CT CORPORATE SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: CT CORPORATION SYSTEM 01/05/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: E () Delete Title: () Change () Addition

 Name:
 GORTON, MICHAEL C
 Name:

 Address:
 225 SOUTHHAMPTON STREET
 Address:

 City-St-Zip:
 BOSTON, MA 021182724
 City-St-Zip:

Title: P () Delete Title: P (X) Change () Addition Name: STEVENS. WALLACE R Name: GORTON, KIM

 Address:
 225 SOUTHHAMPTON STREET
 Address:
 225 SOUTHHAMPTON STREET

 City-St-Zip:
 BOSTON, MA 021182727
 City-St-Zip:
 BOSTON, MA 021182727

Title: P (X) Delete Title: () Change () Addition

 Name:
 POLL, DAVID L
 Name:

 Address:
 5220 NORTH OCEAN DRIVE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33019
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. SMITH CFO 01/05/2009