

10/2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P09928

1. Entity Name

CSL Group, Inc.

FILED

02 DEC -2 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 Centre St.

3. Mailing Address

400 Centre St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Newton MA

City & State

Newton MA

Zip

02458

Country

USA

Zip

02458

Country

USA

REINSTATEMENT

02

4. FEI Number

61-0703072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St., Ste 105

City

Tallahassee

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper

Asst. V. Pres.

12/4/02

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

See attachment.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800009560708
12/17/02--01063--004 **200.00

TITLE
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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

800009560708
12/17/02--01063--005 **550.00

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other info empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-22-02

CR2E034B (12/01)

CSL Group, Inc.
400 Centre Street
Newton, MA 02458
FEIN: 61-0703072

Corporate Officers

<u>Name</u>	<u>Title</u>	<u>Business Address</u>	<u>Date of Office</u>
David J. Hegarty	President, Chief Operating Officer and Secretary	400 Centre Street Newton, MA 02458	01/11/2002
John R. Hoadley	Treasurer	400 Centre Street Newton, MA 02458	01/11/2002
Jennifer B. Clark	Ass't Secretary	400 Centre Street Newton, MA 02458	01/11/2002

Directors

<u>Name</u>	<u>Title</u>	<u>Business Address</u>	<u>Date of Office</u>
Barry M. Portnoy	Director	400 Centre Street Newton, MA 02458	01/11/2002
Gerard M. Martin	Director	400 Centre Street Newton, MA 02458	01/11/2002