DOCUMENT # P09928  1. Entity Name CSL GROUP, INC.    CSL GROUP, INC.   CSL GROUP, INC.	UN	IIFORM BUSINI	ESS KEPUK	<u> </u>	ARK)		FILEC	FU9926	3		
AD CENTRE STREET  WENTON MA 66458  US  2. Principal Piece of Business  3. Marling Address  Suite, Apt. #, etc.  Su	1. Entity Na	TIO .	28			Town)	LUKETARY OF COR	PORATI	() her		
Suite, Apt. 4; etc.    Suite, Apt. 4; etc.   Suite	400 CENTRE NEWTON MA	STREET	400 centre street Newton Ma 02458				LINGUARI NU BANK IRINA URINA URINA URINA URINA URINA RITAK BIRIK B				
Suite, Apt. 4, etc.  City & State  City & State  City & State  County  Zip  County  Zip  County  S. Certificate of Status Desired  Street Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  CORPORATION SERVICE COMPANY  1201 HAYS STREET  SUITE 105  TALLAHASSEF FL 32301  E. The above named entity studement for the purpose of changing its registered differ or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  Signam, speed or Create and a via 4 statement for the purpose of changing its registered Agent significant secrets share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant secrets share in relating)  SIGNATURE  Signam, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating)  Life Tourism, speed or Create and via 4 statement for the purpose of changing its registered Agent significant mentrol share in relating to the statement for the purpose of changing its registered Agent significant mentrol share in relating to the statement for the purpose of Create and via 4 statement for the purpose of Create and via 4 statement	2. Principal I	Place of Business	3. Mailing Address			-Gy	19				
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B. Name and Address of Current Registered Agent	City & Sta	te	City & State			4.	61-0703072				,
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip			Coun	try 			Fee P	jednite	ditional xd	]
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105  TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNAT URL  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MAKE  PCOS  HEAGARTY, DAVID J  WAS  HOADLEY, JOHN R.  100 CENTRE STREET  OTH-51-79  HOADLEY, JOHN R.  400 CENTRE STREET  OTH-51-79  HOADLEY, JOHN R.  400 CENTRE STREET  OTH-51-79  TITLE  AS  CITY-51-79  TITLE  TALLAHASSEE FL 32301  SIERT ADDRESS  CITY-51-79  TOTH TOTH  AS CARRY, BRINGER B  SIERT ADDRESS  CITY-51-79  TOTH-51-79  TOTH TOTH  AS CARRY, BRINGER B  SIERT ADDRESS  CITY-51-79  TITLE  AS CLARK, JENNIFER B  SIERT ADDRESS  CITY-51-79  TITLE  MAKE  SIERT ADDRESS  CITY-51-79  TITLE  MAKE  SIERT ADDRESS  CITY-51-79  TITLE  AS CLARK, JENNIFER  SIERT ADDRESS  CITY-51-79  TITLE  AS CLARK, JENNIFER  SIERT ADDRESS			Nome	7.	Name and Address of New Regist	lered Agent			7		
1201 HAYS STREET SUITE 105  TALLAHASSE FL 32301  City FL Zip Code	CARRAR.	ATION CERMICE COMPANY			Name						
SUITE 105 TALLAHASSEE FL 32301  a. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the obligation or registered agent, or both, in the State of Florida. I am familiar with, and secept the folidation or registered agent, or both, in the State of Florida. I am familiar with, and secept the folidation or registered agent, or both, in the State of Florida. I am familiar with, and secept the folidation or registered agent, or folidation or registered agent, or folidation or registered age			Street Address	(P.O. E	Box Number is Not Acceptable)				1		
TALLAHASSEE FL 32301  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Papible to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  TITLE  TITLE  MAKE  TITLE  TOWNITO MA 02458  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAKE  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  TOWNITO MA 02458  TOWNITO MA			•	i			<del></del>				-
A. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatur, hyperid or insect name of ingittered agent and tilled asokable. (NOTE Registered Agent signature recurred when revolution)  After May 1, 2003 Fee will be \$550.00  A					•		<del></del>				4
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Signature, proper for refered name of languagement appear and related in displacements (POTE: Registered Agents appear and related in displacements (POTE: Signature, resoulted where retribution)   Deletin   Signature, property   Signature,	8. The above the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing its r	egistere	d office or registe	ered ag	ent, or both, in the State of Florida.	I am familia	with,	and accept	1
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15. Thereby Colley Mactine (GODINGO) BUDDING WID this BIRD CORS NO CLERKY IDEITH EXPANDED SISTAM IN SACION 110 DYCKIT Florida Statutas. Thereby could be information.	name Street address City-St-Zip		· .	NAME STREET CITY-S	ST- ZIP	ection 1	119 07/3Ni) Florida Statutae I furth				

receipt ceruly 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GNATURE:

GNATURE:

Date

Daytime Phone #

SIGNATURE: \_

**2003 FOR PROFIT CORPORATION**