2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am P13902 DOCUMENT # **Secretary of State** 1. Entity Name GLOBAL FUEL CO. 03-20-2002 90035 028 ***150.00 Principal Place of Business Mailing Address 800 S. STREET 800 S. STREET WALTHAM MA 02154 WALTHAM MA 02154 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-2216350 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301 Zip Code City FL 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE NAME NAME SLIFKA, ALFRED A. STREET ADDRESS 1 COMMONWEALTH AVE SUITE 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Change Addition ☐ Delete TITLE TITLE NAME MCMANMON, THOMAS A. NAME STREET ADDRESS STREET ADDRESS 37 SUFFOLK ROAD CITY-ST-ZIP CITY-ST-ZIP CHESTNUT HILL MA ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME FANEUIL, EDWARD STREET ADDRESS STREET ADDRESS 56 GATEWOOD DR CITY-ST-ZIP CITY-ST-ZIP NEEDHAM MA ☐ Change Addition TITLE ☐ Delete NAME SLIFKA, RICHARD STREET ADDRESS STREET ADDRESS 11 TAMARACK ROAD CITY-ST-ZIP CITY-ST-ZIP WESTON MA ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

CR2E034 (9/01

Daytime Phone #

Date