FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED May 11 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # FERNALD ASSOCIATES, INC. Principal Place of Business Mailing Address P.O. BOX 1757 P.O. BOX 1757 **BOCA RATON FL 33429 BOCA RATON FL 33429** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 04-2657593 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 26 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FERNALD, OLAF H. 891 HICKORY TERR. Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered change was authorized by the corporation's board of directors. I hereby accept the appointment 607,0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE FERNALD, OLAF H. 1.2 NAME NAME 891 HICKORY TERR. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition FERNALD, JEANNE O. NAME 2.2 NAME 891 HICKORY TERR. STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change FERNALD, G. LAWRENCE NAME 3.2 NAME 34 EMERALD LANE STREET ADDRESS 3.3 STREET ADDRESS MARSTONS MILLS MA CITY-ST-ZIP 34. CITY-ST-ZIP DELETE 41 TITLE Change Addition TITLE FERNALD, JONATHAN D. NAME 4. 2 NAME 627 POKER HILL RD STREET ADDRESS 4.3 STREET ADDRESS UNDERHILL YT 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

NAME

4/20/08

☐ Change

Addition