FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAR 13 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32917

1. Entity Name
SHAWNEE FINANCE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CSC	c/o CSC
Suite, Apt. #, etc. 1201 Hays Street	Suite, Apt. #, etc. 1201 Hays Street
City & State Tallahassee, FL 32301	City & State Tallahassee, FL
Zip / Country USA	Zip / Country 32301 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0323837
☐ 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 Street

City: Tallahassee FL Zip: 32301 LS

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: _____ DATE
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

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	PSTD	TITLE	900005109909--2
NAME	Hines, Jr., Edward F.	NAME	-03/15/02--01025--010
STREET ADDRESS	63 Salem Street	STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	Andover, MA 01810	CITY-ST-ZIP	
TITLE	AT	TITLE	
NAME	Shipley, Zachary K.	NAME	
STREET ADDRESS	1601 Forum Place	STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33401	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	Corley, Nolly E.	NAME	DO NOT WRITE
STREET ADDRESS	20 Bellaire Road	STREET ADDRESS	
CITY-ST-ZIP	West Roxbury, MA 02131	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 like empowered.

SIGNATURE: _____ Edward F. Hines, Jr. Secretary 3/11/02 (781) 274-7101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number