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

FILED Apr 16 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 #
1. Corporation Name (6) PBP VENTURE CORPORATION Principal Place of Business Mailing Address % ALDRICH. EASTMAN & WALTCH. INC. % ALDRICH, EASTMAN & WALTCH, INC. 225 FRANKLIN ST. 225 FRANKLIN ST. DO NOT WRITE IN THIS SPACE BOSTON MA 02110 **BOSTON MA 02110** 3. Date Incorporated or Qualified 04/04/1991 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For Not Applicable 21 04-3114672 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 11. Pursuant to the provisions of Soctions 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition 1.1 JULE TITLE GIFFORD, ROBERT G 1.2 NAME CR2E034 NAME 41 OXFORD RD. 1.3 STREET ADDRESS STREET ADDRESS **NEWTON CENTRE MA 02159** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE GRANT, MONAHON, J. GRANT 2.2 NAME NAME 68 SNAKE HILL RD. STREET ADDRESS 2.3 STREET ADDRESS **BELMONT MA 02178** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition LAGERLUND, KARIN NAME 3.2 NAM8 225 Franklin St. C/O AEN 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA** 3.4. CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 4.1 TITLE ALBERT, THOMAS K 4. 2 NAME 176 OCEAN ST. STREET ADDRESS 4.3 STREET ADDRESS LYNN MA 01902 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE BIEBUSCH, DOREEN M. NAME 5 2 NAME 75 FOUNDARY ST. UNIT #35 STREET ADDRESS 5.3 STREET ADDRESS S. EASTON MA 02375

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 supplied 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 Block 12 or Block 13 if changed, of on an attachment with an address

5.4 CITY-ST-ZIP

63 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

SIGNATURE:

BERNARDI, ARLEEN M.

225 FRANKLIN STREET

BOSTON MA

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

4/8/90 617-261-9000

Change

Addition