2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 AM
Secretary of State

DOCUMENT# P34770

Entity Name: STETSON MANAGEMENT OF MASSACHUSETTS, INC.

Current Principal Place of Business:

541 MAIN STREET
SOUTH WEYMOUTH, MA 02190

New Principal Place of Business:

56 BROAD STREET
MILFORD, CT 06460

Current Mailing Address:

% FRANCHISE ASSOCIATES, INC.
541 MAIN ST., STE 320
SOUTH WEYMOUTH, MA 02190

New Mailing Address:

FRANCHISE ASSOCIATES, INC.
56 BROAD STREET
MILFORD, CT 06460

FEI Number: 04-3089836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: MACARTHUR, JAMES Y
Address: 541 MAIN ST
City-St-Zip: S. WEYMOUTH, MA 02190

Title: PCEO ( ) Delete
Name: CARTER, GEORGE P
Address: 158 CHERRY ST.
City-St-Zip: MILFORD, CT 06460

Title: VP ( ) Delete
Name: LEVERONI, BARBARA
Address: 541 MAIN STREET
City-St-Zip: SOUTH WEYMOUTH, MA 02190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SMITH, CHRISTOPHER H
Address: 275 CENTER STREET
City-St-Zip: SOUTHPORT, CT 06490

Title: SEC (X) Change ( ) Addition
Name: CHRISTIE, DONALD B
Address: 56 BROAD STREET
City-St-Zip: MILFORD, CT 06460

Title: PRES (X) Change ( ) Addition
Name: LEVERONI, BARBARA
Address: 8 KEENES BROOK LANE
City-St-Zip: DUXBURY, MA 02332 30

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER H. SMITH CEO 04/29/2002

Electronic Signature of Signing Officer or Director — Date