## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P35215** Mar 20, 2000 8:00 am Secretary of State PROFESSIONAL FACILITIES MANAGEMENT, INC. 03-20-2000 90022 050 \*\*\*150.00 Principal Place of Business Mailing Address 220 WEYBOSSET STREET 220 WEYBOSSET STREET PROVIDENCE RI 02903 PROVIDENCE RI 02903-3707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 05-0443372 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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, 2000 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 OFFICERS AND DIRECTORS 11. Addition TITLE ☐ Delete TITLE Lee R. Corso BREADY, RICHARD L. NAME NAME STREET ADDRESS STREET ADDRESS 195 International Parkway 50 KENNEDY PLAZA CITY-ST-ZIP CITY-ST-ZIP PROVIDENCE RI Heathrow, FL , Addition ☐ Delete TITLE ☐ Change TITLE MUSHKIN, ROBERT L. NAME Donna C. Cupelo STREET ADDRESS STREET ADDRESS 1 HOSPITAL TRUST PLAZA SUITE 2540 234 Washington Street CITY-ST-ZIP CITY-ST-ZIP PROVIDENCE RI Providence, RI 02903 Addition ☐ Change TITLE ☐ Delete TITLE NAME ROSSI, THOMAS NAME Joseph Kruse STREET ADDRESS STREET ADDRESS 2000 SMITH STREET 494 Woonasquatucket Avenue CITY-ST-ZIP CITY-ST-ZIP N. PROVIDENCE RI No Providence, RI 02911 ☐ Delete TITLE Addition TITLE GRACE, EDWARD P. III NAME NAME Norbert Mongeon, Jr. STREET ADDRESS STREET ADDRESS 1275 WAMPANOAG TRAIL Stillwater Road CITY-ST-ZIP PROVIDENCE RI CITY-ST-ZIP Smithfield ☐ Change Addition ☐ Delete TITLE TITLE Walsh, Joseph W. NAME NAME Elizabeth Myers STREET ADDRESS STREET ADDRESS ONE OLD STONE SQUARE 1500 Fleet Center CITY-ST-ZIP CITY-ST-ZIP PROVIDENCE RI <u>Providence, RI</u> Change Addition ☐ Delete TITLE TITLE TANURY, THOMAS A. NAME NAME James L. Singleton STREET ADDRESS **6 NEW ENGLAND WAY** STREET ADDRESS 68 Tarkiln Rd 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:

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

#P35215 A0031151

Professional Facilities Management, Inc Officers and Directors continued

D Sheldon Sollosy 263 Weybosset St Providence, RI

D
The Honorable Bruce Sundlun
15 Lippitt Road
Kingston, RI 02881

D Howard Sutton 75 Fountain Street Providence, RI