

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90059 005 ***150.00

DOCUMENT # P39534

1. Entity Name
SPEEDLINE TECHNOLOGIES, INC.



Principal Place of Business
**HWY. 5 SOUTH.
CAMDENTON MO 65020**

Mailing Address
**ONE COOKSON PLACE
PROVIDENCE RI 02905
US**

2. Principal Place of Business
16 Forge Park
Suite, Apt. #, etc.

3. Mailing Address
One Cookson Place
Suite, Apt. #, etc.

City & State
Franklin, MA

City & State
Providence, RI

4. FEI Number **22-2293100**

Applied For
Not Applicable

Zip
02038

Country
USA

Zip
02903

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DEVILLEMEJANE, PIERRE** DeVillemejane
STREET ADDRESS **225 FOXBOROUGH BLVD**
CITY-ST-ZIP **FOXBOROUGH MA 02035**

TITLE **CD** ☐ Delete
NAME **SHARPE, RAYMOND B**
STREET ADDRESS **1 COOKSON PLACE**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **S** ☐ Delete
NAME **DINGLEY, MARK A**
STREET ADDRESS **1 COOKSON PLACE**
CITY-ST-ZIP **PROVIDENCE FL 02903**

TITLE **AT** ☐ Delete
NAME **DOHERTY, JOHN**
STREET ADDRESS **ONE COOKSON PLACE**
CITY-ST-ZIP **PROVIDENCE RI 02903**

TITLE **VPD** ☐ Delete
NAME **LANDRY, ROBERT**
STREET ADDRESS **16 FORGE PARK**
CITY-ST-ZIP **FRANKLIN MA 02038**

TITLE **V** ☐ Delete
NAME **PLATZ, WAYNE**
STREET ADDRESS **16 FORGE PARK**
CITY-ST-ZIP **FRANKLIN MA 02038**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Jo Ellen Ojeda**
STREET ADDRESS **One Cookson Place**
CITY-ST-ZIP **Providence, RI 02903**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Keith Noe**
STREET ADDRESS **225 Foxborough Blvd.**
CITY-ST-ZIP **Foxborough, MA 02035**

TITLE **Vice President/Secretary** ☒ Change ☐ Addition
NAME **Mark A. Dingley**
STREET ADDRESS **225 Foxborough Blvd.**
CITY-ST-ZIP **Foxborough, MA 02035**

TITLE **Vice President/Treasurer/Director** ☒ Change ☐ Addition
NAME **Robert R. Landry**
STREET ADDRESS **225 Foxborough Blvd.**
CITY-ST-ZIP **Foxborough, MA 02035**

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Paul J. Brunzie**
STREET ADDRESS **225 Foxborough Blvd.**
CITY-ST-ZIP **Foxborough, MA 02035**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Jo Ellen Ojeda, Asst. Secretary 2/06/03 401.521.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)