

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90024 020 \*\*\*150.00  
 07-28-2002 90201 038 \*\*\*400.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** *P41096*  
 1. Entity Name  
 Standen Contracting Company, Inc.

**B0132583**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 445 Faunce Corner Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 445 Faunce Corner Road  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 North Dartmouth, MA

City & State  
 North Dartmouth, MA

4. FEI Number  
 04-2900266

Applied For  
 Not Applicable

Zip Country Zip Country  
 02747 USA 02747 USA

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  
 C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
 1200 South Pine Island Road

City  
 Plantation FL Zip Code  
 33324

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 signature required when renewing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Stanley Kornetsky 38 Burchard Avenue Little Compton, RI 02837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Dennis A. DeGrazia 34 Highridge Road Westport, MA 02790	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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:** *Stanley Kornetsky* Stanley Kornetsky 7/1/02 508-998-1144  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #