FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004118 (5)

1. Corporation Name
STOCKBRIDGE INVESTMENT PARTNERS, INC.

Principal Place of Business	Mailing Address
2 SOUTH STREET SUITE 360 PITTSFIELD MA 01201 US	2 SOUTH STREET SUITE 360 PITTSFIED MA 01201 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3150186 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___
2a. Mailing Address 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 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 ___ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	President/Director ☐ Change ☒ Addition
NAME	CLARKE, THOMAS M	1 2 NAME	Thomas M. Clarke
STREET ADDRESS	2 SOUTH STREET,SUITE 360	1 3 STREET ADDRESS	2 South St., Suite 360
CITY ST ZIP	PITTSFIELD MA	1 4 CITY ST ZIP	Pittsfield, MA 01201
TITLE	D	2 1 TITLE	☒ Change ☐ Addition
NAME	HARPER, JOHN R	2 2 NAME	NO LONGER A DIRECTOR
STREET ADDRESS	6231 FAIRWAY BAY	2 3 STREET ADDRESS	
CITY ST ZIP	GULFPORT FL 33707	2 4 CITY ST ZIP	
TITLE	S	3 1 TITLE	Secretary/Treasurer/Director ☐ Change ☒ Addition
NAME	CLARKE, LINDA M	3 2 NAME	Linda M. Clarke
STREET ADDRESS	2 SOUTH STREET,SUITE 360	3 3 STREET ADDRESS	2 South St., Suite 360
CITY ST ZIP	PITTSFIELD MA	3 4 CITY ST ZIP	Pittsfield, MA 01201
TITLE		4 1 TITLE	Director ☐ Change ☒ Addition
NAME		4 2 NAME	Lawrence B. Cummings
STREET ADDRESS		4 3 STREET ADDRESS	250 Royal Palm Way, Suite 202
CITY ST ZIP		4 4 CITY ST ZIP	Palm Beach, FL 33480
TITLE		5 1 TITLE	Director ☐ Change ☒ Addition
NAME		5 2 NAME	Amory Cummings
STREET ADDRESS		5 3 STREET ADDRESS	311 S. Wacker Drive
CITY ST ZIP		5 4 CITY ST ZIP	Chicago, IL 60606
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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, or on an attachment with an address.

SIGNATURE: Linda M. Clarke Linda M. Clarke, Sec./Treas/Dirc. 5/1/95 (413) 448-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000002 CP