

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000053783 1. Entity Name HIGHSIDE INVESTMENTS, INC.	
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Principal Place of Business 1400 COMPUTER DRIVE SUITE 300 WESTBOROUGH, MA 01581 US	Mailing Address 1400 COMPUTER DRIVE SUITE 300 WESTBOROUGH, MA 01581 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193903	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

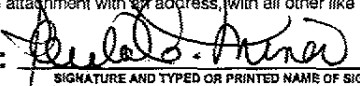
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000580206
01/10/07-80038-019 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, EDWARD W 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POITRAS, KAY G 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHARRON, ROBERT H 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATR MINER, PAULA A 1400 COMPUTER DRIVE WESTBOROUGH, MA 01581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAULA A. MINER

1/04/2007
Date

508-926-2444
Daytime Phone #