2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P93000053783

1. Entity Name
HIGHSIDE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1400 COMPUTER DRIVE SUITE 300 WESTBOROUGH, MA 01581 US	1400 COMPUTER DRIVE SUITE 300 WESTBOROUGH, MA 01581 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

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

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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 _____ 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
After May 1, 2007 Fee will be $550.00

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

U00000580206
01/10/07-80038-019 158.75

10. OFFICERS AND DIRECTORS

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

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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 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: Paula A. Miner 1/04/2007 508-926-2444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAULA A. MINER