

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000067874

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** LUICE HOSPITALITIES, INC.

**Current Principal Place of Business:**

1001 E ATLANTIC AVE.  
STE. 202  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 MARKET ST  
BLDG 1  
PORTSMOUTH, NH 03801 US

**New Mailing Address:**

**FEI Number:** 65-0314398      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WALSH, MARK  
**Address:** 1001 E ATLANTIC AVE., STE. 202  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** VP  
**Name:** WALSH, MICHAEL  
**Address:** 1001 E ATLANTIC AVE., STE. 202  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** VP  
**Name:** WALSH, WILLIAM  
**Address:** 1000 MARKET STREET, SUITE 300  
**City-St-Zip:** PORTSMOUTH, NH 03801

**Title:** EVP  
**Name:** ADE, RICHARD  
**Address:** 1000 MARKET STREET, SUITE 300  
**City-St-Zip:** PORTSMOUTH, NH 03801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** RICHARD C. ADE

EVP

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date