

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000088292****1. Entity Name**  
**2801 MACDILL, INC.****FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90019 017 \*\*\*150.00

**Principal Place of Business**  
**20 WALNUT STREET**  
**SUITE 318**  
**WELLESLEY MA 02181**  
**US**  
**Mailing Address**  
**C/O JACOB REAL ESTATE SERVICES, INC.**  
**1200 W. PLATT ST., #204**  
**TAMPA FL 33606-2143****2. Principal Place of Business**  
**55 Windsor Road**  
Suite, Apt. #, etc.**3. Mailing Address**  
Suite, Apt. #, etc.**City & State**  
**Waban, MA 02468****City & State****4. FEI Number** **59-3218446****Applied For**  
**Not Applicable****Zip****Country****Zip****Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****JACOB, JAMES C**  
**JACOB REAL ESTATE SERVICES, INC.**  
**1200 W PLATT ST, STE 204**  
**TAMPA FL 33606****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE****9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☐ Delete  
**NAME** **EHRMAN, MARK**  
**STREET ADDRESS** **20 WALNUT STREET**  
**CITY-ST-ZIP** **WELLESLEY MA****TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **55 Windsor Road**  
**CITY-ST-ZIP** **Waban, MA 02468****TITLE** **VP** ☐ Delete  
**NAME** **PECK, ELISE**  
**STREET ADDRESS** **20 WALNUT STREET**  
**CITY-ST-ZIP** **WELLESLEY MA****TITLE** ☒ Change ☐ Addition  
**NAME** **Ann Rosen**  
**STREET ADDRESS** **55 Windsor Road**  
**CITY-ST-ZIP** **Waban, MA 02468****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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 Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)