

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90055 029 ***150.00

DOCUMENT # P94000050535

1. Entity Name

ROCKLEDGE T. CORP.

Principal Place of Business

Mailing Address

SAME

One Beacon Street, Suite 1500
 Boston, MA 02108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3239104

Applied For

Not Applicable

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

Pretn

The Prentice-Hall Corporation System, Inc.
 1201 Hays Street, Suite 105
 Tallahassee, FL 32301

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	Douglas Krupp	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1500	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			
TITLE	Ta	David Quade	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1500	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			
TITLE	AT	Claire F. Umanzio	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1500	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			
TITLE	S	Scott D. Spelfogel	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1500	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			
TITLE	D	George Krupp	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1400	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			
TITLE	D	Douglas Krupp	<input type="checkbox"/> Delete
NAME		One Beacon St., Ste 1500	
STREET ADDRESS		Boston, MA 02108	
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

APR 10 2000 (617) 523-7722

CR2E034 (9/99)