2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am DOCUMENT # **P94000050535** Secretary of State 1. Entity Name ROCKLEDGE T. CORP. 05-11-2001 90074 016 ***150.00 Principal Place of Business Mailing Address ONE BEACON STREET ONE BEACON STREET STE 1500 STE 1500 700185 BOSTON MA 02108 BOSTON MA 02108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 04-3239104 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ₩ Change TITLE Addition TITLE Delete Delete P Apeseche@aFranksto.1500 NAME KRUPP, DOUGLASS NAME STREET ADDRESS STREET ADDRESS OnetBeacon Street, Ste. 1500 ONE BEACON STREET, SUITE 1500 CITY-ST-71P CITY-ST-7IP Boston, MA 02108 **BOSTON MA 02108** K) Change Addition X Delete TITLE TITLE NAME NAME STEPHEN, WILLIAM Quade, David STREET ADDRESS STREET ADDRESS ONE BEACON STREET, SUITE 1500 One Beacon Street, Ste. 1500 CITY-ST-ZIP CITY-ST-ZIF **BOSTON MA 02108** Boston, MA 02108 Change Addition TITLE AT ☐ Delete NAME NAME UMANZIO, CLAIRE STREET ADDRESS STREET ADDRESS ONE BEACON STREET, SUITE 1500 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02108** ☐ Delete TITLE Change □ Addition TITLE NAME SPELFOGEL, SCOTT D NAME STREET ADDRESS ONE BEACON STREET, SUITE 1500 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOSTON MA 02108 ☐ Delete TITLE Change Addition TITLE NAME KRUPP, GEORGE STREET ADDRESS STREET ADDRESS ONE BEACON STREET, SUITE 1500 CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02108 ☐ Delete Change ___ Addition TITLE TITLE NAME NAME

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 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 of the corporation or the receiver of an address, with all other like empowered changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

617<u>-</u>523-7722

CR2E034 (10/00)