2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000050827

1. Entity Name

FLORIDA STATE AGENCY, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

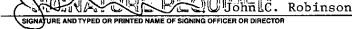
04-28-2003 90487 008 ***150.00

				GOO WE THO		
Principal Place of Business 350 E 96TH STREET INDIANAPOLIS IN 46240			PO BOX 6131 INDIANAPOLIS IN 46206-6131			
US		U\$	US			
2. Principal Place of Business		3. Mailing Address 62 Maple Av	3. Mailing Address 62 Maple Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State Keene,NH			4. FEI Number 65-0504530	Applied For Not Applicable
Zip	Country	Zip 03431	Count U	*	5. Certificate of Status Desired	\$8.75 Additional Fee Required
+	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Registere	d Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)		
			City		F	Zip Code
	med entity submits this statem s of registered agent.	nent for the purpose of changing it	s registere	d office or register	red agent, or both, in the State of Florida. I a	m familiar with, and accept
SIGNATURE	lature, typed or printed name of registere	rd agent and title if applicable. (NC	TE: Registered	Agent signature required	d when reinstating) DAT	<u> </u>
After Ma	NOW!!! FEE IS \$150.0 by 1, 2003 Fee will be \$55 lyable to Florida Departm	50.00			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	. OFFICERS	S AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11

☐ Addition Change TITLE ☐ Delete TITLE FIEBRINK, MARK E NAME NAME STREET ADDRESS STREET ADDRESS **62 MAPLE AVE** CITY-ST-ZIP KEENE NH 03431 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME KIRSCHNER, KEVIN NAME STREET ADDRESS STREET ADDRESS 350 E 96TH ST CITY-ST-ZIP CITY-ST-7IP INDIANAPOLIS IN 46240 K Change ☐ Addition Delete TITLE TITLE NAME NAME Michael J. DiRusso TAYLOR, JANE F STREET ADDRESS STREET ADDRESS **62 MAPLE AVE** 62 Maple Avenue CITY-ST-ZIP---CITY-ST-ZIP KEENE NH 03431 Keene, NH 03431 Change ☐ Addition □ Delete TITLE TITLE NAME NAME ROBINSON, JOHN C STREET ADDRESS 350 E 96TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46240 Delete TITLE Change ☐ Addition TITLE NAME TUITE, JAMES E NAME STREET ADDRESS STREET ADDRESS 175 BERKELEY STREET CITY-ST-ZIP **BOSTON MA 02117** CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME JEAN, ROGER L NAME STREET ADDRESS STREET ADDRESS **62 MAPLE AVENUE** CITY-ST-ZIP CITY-ST-ZIP KEENE NH 03431

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



4/25/03

Date

Daytime Phone #

CR2E034 (10/02