**FILED** 

## -2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Jan 22, 2003 8:00 am **Secretary of State** P95000017660 DOCUMENT # 1. Entity Name 01-22-2003 90049 011 \*\*\*150.00 MARCO MGP CORP. Principal Place of Business Mailing Address % NORMAN G ORODENKER % NORMAN G ORODENKER 10 WEYBOSSET STREET, 10TH FLOOR 10 WEYBOSSET STREET, 10TH FLOOR PROVIDENCE RI 02903-2818 PROVIDENCE RI 02903-2818 US US 2. Principal Place of Business 3. Mailing Address C. Kenney Esice LINGY Drive Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 13-3840201 Not Applicable Phode Island Cra- r shode Island Cranaton Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 02920 02920 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AXELROD, ALAN D Street Address (P.O. Box Number is Not Acceptable) 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Addition TITLE TITLE NAME NAME COHEN, DANIEL STREET ADDRESS ONE KENNEY DRIVE STREET ADDRESS CITY-ST-7IP CRANSTON RI 02920 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME COHEN, DANIEL STREET ADDRESS STREET ADDRESS ONE KENNEY DRIVE CITY-ST-ZIP CITY-ST-ZIP CRANSTON RI 02920 . . . Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME BROWN, DOUGLAS STREET ADDRESS STREET ADDRESS ONE KENNEY DRIVE CITY-ST-ZIP CITY-ST-ZIP CRANSTON RI 02920 ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME OROĐENKER, NORMAN G STREET ADDRESS STREET ADDRESS 10 WEYBOSSET ST, 10TH FLOOR CITY-ST-7/P CITY-ST-7IP PROVIDENCE RI 02903 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME SCHRETTER, BERNARD STREET ADDRESS STREET ADDRESS 115 CONSTITUTION BLVD CITY-ST-7IP CITY-ST-ZIP FRANKLIN MA 02038 TITLE ☐ Delete TITLE Change ☐ Addition NAME PORETSKY, JOEL NAME STREET ADDRESS STREET ADDRESS **405 LEXINGTON AVE** CITY-ST-7IP **NEW YORK NY 10174** CITY-ST-ZIP

12. I hereby certify that the information supplied with this ling 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 supplied with this ling 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 supplied with this ling 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 supplied with this ling 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 supplied with this ling 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 supplied with this ling 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 supplied with this ling 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 is true to supplied with this ling 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 is true.

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NOTHAN G. OFFICE OF DIRECTOR

1/13/03

Date

401-456-1200, x 333

Daytime Phone #