

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000017672

1. Entity Name
SHENANDOAH MGP CORP.



Principal Place of Business
**C/O NORMAN G ORODENKER
10 WEYBOSSET ST 10TH FL
PROVIDENCE, RI 02903-2818 US**

Mailing Address
**C/O NORMAN G ORODENKER
10 WEYBOSSET ST 10TH FL
PROVIDENCE, RI 02903-2818 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-3840326

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

**AXELROD, ALAN D
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131**

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. 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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
COHEN, DANIEL
1 KENNEY DR
CRANSTON, RI 02920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BROWN, DOUGLAS
1 KENNEY DR
CRANSTON, RI 02920** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**U00000680632
04/04/07-80008-012 150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ORODENKER, NORMAN G
10 WEYBOSSET ST 10TH FL
PROVIDENCE, RI 02903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHRETTTER, BERNHARD
115 CONSTITUTION BLVD
FRANKLIN, MA 02038** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PORETSKY, JOEL
405 LEXINGTON AVE
NEW YORK, NY 10174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07

401-456-1333

Date

Daytime Phone #

Norman G. Orodenger, Secretary