

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90140 005 ***150.00

UB14941 AI

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3840326**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Norman G. Orodener, Secretary

1/13/03 401-456-1200, x 333

Date

Daytime Phone #

CR2E034 (10/02)