|   |  | P9500   | RM BUSINESS REPORT (UBR)<br>P95000064991<br>ucts, inc.   |                                   |  |  | FILED<br>May 08, 2002 8:00 am<br>Secretary of State<br>05-08-2002 90065 029 ***150.00   |   |  |  |
|---|--|---|--|-----------------------------------|--|--|---|---|--|--|
|   |  |   | Mailing Address<br>5 SHAWS COVE<br>SUITE 203<br>NEW LONDON CT 06320<br>US<br>3. Mailing Address                                |                                   |  |  | B0092670  |   |  |  |
|   | 4 Burns Ro   | bad   | Suite, Apt. #, etc.  | ·                                 |  |  | DO NOT WRITE IN TH  |   |  |  |
| City&State<br>Palm Beach Gardens, FL                          |  |   | City & State   |                                   |  | 4.   | 4. FEI Number 06-1448734 Applied For Not Applicable   |   |  |  |
| Zip<br>334  | 110 C  | ountry<br>USA   | Zip  | Coun                              | try  | 5.   | Certificate of Status Desired   | \$8.75 Ac<br>Fee Requir                                   | Iditional                                |  |
|   | 6. Name and  | Address of Current R  | legistered Agent   |                                   | -Name-   | 7.   | Name and Address of New Register  | ed Agent  |  |  |
| BERBERIAN, RICHARD) CL v<br>4121 BURNS ROAD                   |  |   |  | ĺ                                 | Street Address (P.O. Box Number is Not Acceptable)               |  |   |   |  |  |
| PALM BE   | ACH GARDENS  | 5 FL 33410  |  |                                   | City   |  |   | Zip Coo   | de                                       |  |
| 3. The above  | named entity sys   | pmits this statement for  | he purpose of changing its   | registere                         | d office o   | r registered ag  | gent, or both, in the State of Florida.   | <b>b</b>  |  |  |
|   | -fi  | -VT   | _  | _                                 |  |  | J.  | 2-102   |  |  |
| ilchard L F   |  | to hame it registered agent an  | d title it applicable. (NOTE   | : Registered                      | Agent signat   | ure required when r                                    | reinstating) DAT  | E   |  |  |
| Tax filing requirement and elects to do so. After May 1, 2002 |  |   |  | 2 Fee v                           | FEE IS \$150.00<br>Fee will be \$550.00<br>to Department of Stat |  | I ITUST EURO CONTRIDUTION I I Added to Econ   |   |  |  |
| 1.<br>n.c   |  | OFFICERS AND D  |  | 12.                               |  | AC   | DDITIONS/CHANGES TO OFFICERS A  |   |  |  |
| tle<br>Ame<br>Treet address<br>Ity-st-zip                     | d<br>Berberian, I<br>800 Hinghan<br>Rockland M   | I ST STE 101 SOUT   | Delete   |                                   |  |  | urns Road<br>each Gardens, FL 3341  | k∑kChange<br>LO   | Addition                                 |  |
| TLE   | D  |   | Delete   | TITLE                             |  |  |   | Change  | Addition                                 |  |
| IREET ADDRESS   | BERBERIAN, JOAN<br>800 HINGHAM ST STE 101 SOUTH<br>ROCKLAND MA 02370                     |   | H _  |                                   | t address<br>St-zip  |  | urns Road<br>each Gardens, FL 3341  | .0  | · ·                                      |  |
| TLE<br>Ame<br>Ireet address<br>TY-st-zip                      |  | -   | · · · · · · · · · · · · · · · · · · ·  | TITLE<br>NAME<br>STREE<br>CITY-1  | T ADDRESS  |  | 3   | Change -  | Addition                                 |  |
| "LE<br>ME<br>REET ADDRESS<br>IY - ST - ZIP                    |  |   | Delete   | TITLE<br>NAME<br>STREE<br>CITY-S  | T ADDRESS  |  |   | Change  | Addition                                 |  |
| 'LE<br>Me<br>Reet address<br>I'Y-St-ZIP                       |  |   | Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | T ADDRESS<br>ST - ZIP  |  |   | Change  | Addition                                 |  |
| LE<br>ME<br>REET ADDRESS<br>Y-ST-ZIP                          |  | 2   | Delete   | TITLE<br>NAME                     | ADDRESS  |  | • <u> </u>  | Change  | Addition                                 |  |
| I. I hereby ce<br>indicated c<br>of the corp<br>changed, c    | ertify that the infor<br>on this report or s<br>oration or the rec<br>or on an attaching | nation supplied with th<br>upplemental eport is the<br>over or trustee empower<br>int with an agoress, with | is filing does not qualify for t<br>be and accurate and that m<br>ared to execute this report a<br>h all other like empowered. | he evem                           | ntion stat   | ed in Section 1<br>ave the same is<br>pter 607, Florid | 119.07(3)(i), Florida Statutes. I further c<br>legal effect as if made under oath; that<br>da Statutes; and that my name appear | ertify that the in<br>I am an officer<br>s in Block 11 or | nformation<br>or director<br>Block 12 if |  |
| IGNATI  |  |   | TED NAME OF SHONING OFFICE   |                                   |  |  | 4 22 02 561<br>Date   |   | . [                                      |  |