5/29

FILED
Jul 09, 2002 8:00 am
Secretary of State
05-29-2002 90688 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051355

1. Entity Name
TRIAD CONSULTING, INCORPORATED

DO NOT WRITE IN THIS SPACE

38063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
28 CLIFF STREET	28 CLIFF STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BEVERLY, MA	City & State: BEVERLY, MA
Zip: 01945 Country: USA	Zip: 01945 Country: USA

4. FEI Number: 04-3448055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES HOWARD
Street Address (P.O. Box Number is Not Acceptable): 1183 SE WESTMINSTER PLACE
City: STUART **FL** Zip Code: 34997

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.

SIGNATURE: Howard 7/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	JOHN THERIAULT	NAME	
STREET ADDRESS	28 CLIFF STREET	STREET ADDRESS	
CITY - ST - ZIP	BEVERLY, MA 01945	CITY - ST - ZIP	
TITLE	TREASURER	TITLE	
NAME	STEVEN HANCOCK	NAME	
STREET ADDRESS	201 NORTH MAIN	STREET ADDRESS	
CITY - ST - ZIP	MILFORD, MA 76670	CITY - ST - ZIP	
TITLE	CLERK	TITLE	
NAME	JAMES HOWARD	NAME	
STREET ADDRESS	1183 SE WESTMINSTER PLACE	STREET ADDRESS	
CITY - ST - ZIP	STUART, FL34997	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Theriault 3/29/2002 617 901 8461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1