

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

FILED
May 01, 2003 8:00 am
Secretary of State

0659861 AB

DOCUMENT # S83616

1. Entity Name
AUTOSPACE HOLDINGS CORPORATION



05-01-2003 90294 049 ***150.00

Principal Place of Business
**ONE DESIGN CENTER PLACE
SUITE 715
BOSTON MA 02210**

Mailing Address
**ONE DESIGN CENTER PLACE
SUITE 715
BOSTON MA 02210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3258579**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**CORPORATIO SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	LEVIS-THORNE, LADD M	
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	LEVIS, JAMES N	
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARRAR, ROSE	
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REDMON, CHARLES	
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOX, WILLIAM	
STREET ADDRESS	ONE DESIGN CENTER PLACE, #715	
CITY-ST-ZIP	BOSTON MA 02210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Hunter	
STREET ADDRESS	One Design Center Place, # 715	
CITY-ST-ZIP	Boston, MA 02210	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gino J. Baroni	
STREET ADDRESS	One Design Center Place, # 715	
CITY-ST-ZIP	Boston, MA 02210	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Becker	
STREET ADDRESS	one Design center place, # 715	
CITY-ST-ZIP	Boston, MA 02210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date Daytime Phone #

CR2E034 (10/02)