

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90098 005 \*\*\*150.00

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

**DOCUMENT #** 824258  
 1. Entity Name  
 HAMPSHIRE FUNDING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>One Granite Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>One Granite Place</b> Suite, Apt. #, etc.	
City & State <b>Concord, NH 03301</b>		City & State <b>Concord, NH 03301</b>	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>02-0277842</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>CT CORPORATION SYSTEM</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. PINE ISLAND ROAD</b>	
City <b>PLANTATION</b>	Zip Code <b>FL 33324</b>

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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1 Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ANGARELLA, RONALD R. 24 LONGVIEW DR. BOW, NH 03304	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CHARLES C. CORNELIO 1802 REGENT'S PARK LN. GREENSBORO, NC 27455	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARDIMAN, CAROL R. ONE PARADISE LANE CHICHESTER, NH 03234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WESTON, JOHN A. 15 MERRIMACK STREET CONCORD, NH 03301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LEASE, SHARI J. 37 NO. CURTISVILLE RD. CONCORD, NH 03301	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Shari J. Lease* *Shari J. Lease* *4/26/2002* *(603) 226-5000*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2/01)