2001 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2001 8:00 am Secretary of State **DOCUMENT # 827186** 1. Entity Name MAGUIRE GROUP INC. 04-04-2001 90112 035 ***150.00 Principal Place of Business Mailing Address 225 FOXBOROUGH BLVD 225 FOXBOROUGH BLVD FOXBOROUGH MA 02035 FOXBOROUGH MA 02035 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 05-0318211 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CRZE034 (10/00) ☐ Delete ☐ Change Addition TITLE TITLE REPETA, RICHARD J. NAME **40 OAK BLUFF** STREET ADDRESS STREET ADDRESS AVON CT CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PAPALIA, SHERRILL NAME NAME 225 FOXBOROUGH BOULEVARD STREET ADDRESS STREET ADDRESS FOXBOROUGH MA 02035 CITY-ST-ZIP CITY-ST-ZIP VD-TITLE Detete - ---TITLE - Addition FRITZ, JAMS B. NAME NAME 39 CARRIER CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTHINGTON CT CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition BUSH, RAYMOND T. NAME NAME 3 HAYFIELD LANE STREET ADDRESS STREET ADDRESS **CUMBERLAND RI** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CALABRETTA, VICTOR V NAME NAME 11 AMERICA WAY STREET ADDRESS STREET ADDRESS JAMESTOWN RI CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition MORRISON, PETER NAME NAME 94 MEETING ST STREET ADDRESS STREET ADDRESS PROVIDENCE RI CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

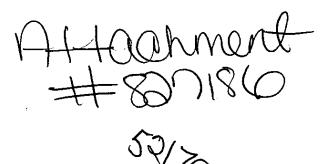
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/201

508.543.1700

Daytime Phone #

Maguire Group Inc. Architects/Engineers/Planners 225 Foxborough Boulevard Foxborough, MA 02035 Telephone: 508 / 543-1700 Fax: 508 / 543-5157





March 29, 2001

Florida Department of State Division of Corporations Uniform Business Report Filings Post Office Box 1500 Tallahassee, Florida 32302-1500

RE: Maguire Group Inc. - Document No. 827186

To the Second Dear Sir or Madam:

Enclosed you will find the Profit Corporation Annual Report 2001 for the above named corporation together with a check in the amount of One Hundred and Fifty (\$150.00) Dollars in payment for filing fee.

Please contact me if you have any questions regarding this report.

William H. Yost

Controller

WHY/rhs enclosure