

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 020 ***550.00

DOCUMENT # F97000006393

1. Entity Name

O'GRADY - PEYTON INTERNATIONAL (USA), INC.

Principal Place of Business

332 CONGRESS ST
 4TH FLOOR
 BOCA RATON FL 02210
 US

Mailing Address

332 CONGRESS ST
 4TH FLOOR
 BOCA RATON FL 02210
 US

80072025



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

349 MALL Boulevard

Suite, Apt. #, etc.

SUITE 202

City & State
 SAVANNAH GA

Zip
 31406

Country
 USA

3. Mailing Address

349 MALL Boulevard

Suite, Apt. #, etc.

SUITE 202

City & State
 SAVANNAH GA

Zip
 31406

Country
 USA

4. FEI Number **04-3027023**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE M. Malone
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/00

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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: **CCEO** Delete
 NAME: **MULLARKEY, DEC**
 STREET ADDRESS: **332 CONGRESS ST., 4TH FLOOR**
 CITY-ST-ZIP: **BOSTON MA 02210**

TITLE: **SD** Delete
 NAME: **WILKINS, MAURA**
 STREET ADDRESS: **332 CONGRESS ST., 4TH FLOOR**
 CITY-ST-ZIP: **BOSTON MA 02210**

TITLE: **CFO** Delete
 NAME: **SUN, LAI**
 STREET ADDRESS: **332 CONGRESS ST**
 CITY-ST-ZIP: **BOSTON MA 02210**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **CEO** Change Addition
 NAME: **JOSEPH O'GRADY**
 STREET ADDRESS: **71 DEXTER ST,**
 CITY-ST-ZIP: **MILTON MA 02186**

TITLE: **TREASURER** Change Addition
 NAME: **TERESA O'GRADY**
 STREET ADDRESS: **71 DEXTER ST**
 CITY-ST-ZIP: **MILTON MA 02186**

TITLE: **COO** Change Addition
 NAME: **MARIE MALONE**
 STREET ADDRESS: **349 MALL BOULEVARD**
 CITY-ST-ZIP: **SAVANNAH GA 31406**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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

Date

Daytime Phone #

8/1/00

CR2E034 (9/99)