

2002

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

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90078 015 \*\*\*150.00

**DOCUMENT # F99000004402**

1. Entity Name  
ARC ADVISORY GROUP, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3 ALLIED DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
3 ALLIED DRIVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DEDHAM, MA

City & State  
DEDHAM, MA

Zip  
02026

Country

Zip  
02026

Country

4. FEI Number  
04-2963829

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  
ST. ANGELO, MIKE

Street Address (P.O. Box Number is Not Acceptable)  
400 TIMBERWALK CT. #1317

City  
PONTE VEDRA BEACH FL Zip Code  
32082

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)

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CHATHA, ANDREW S 172 LAKE STREET SHERBORN, MA 01770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHATHA, MARY 172 LAKE STREET SHERBORN, MA 01770	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: AS Chatha Date: 2/25/02 Daytime Phone #: 781-471-1000

CR2E034B (12/01)