2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 04, 2001 8:00 am Secretary of State DOCUMENT # F9900006379 TULIP ACQUISITIONS, LTD. CORPORATION 05-04-2001 90059 035 ***150.00 Principal Place of Business Mailing Address 2036 WASHINGTON STREET 2036 WASHINGTON STREET HANOVER MA 02339 HANOVER MA 02339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEi Number Applied For City & State City & State 52-2202338 Not Applicable ۲, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH 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 Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** ☐ Change Addition ☐ Delete TITI F TITLE MARCUS, DAVID R NAME NAME 2036 WASHINGTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HANOVER MA 02339 ☐ Change ☐ Addition ☐ Delete TITLE MARCUS, DAVID R NAME NAME STREET ADDRESS 2036 WASHINGTON STREET STREET ADDRESS CITY-ST-7IP HANOVER MA 02339 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE MARCUS, MICHAEL L NAME NAME 2036 WASHINGTON STREET STREET ADDRESS STREET ADDRESS HANOVER MA 02339 CITY-ST-ZIP CITY-ST-ZIP

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.

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NAME STREET ADDRESS

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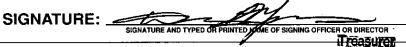
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