FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State G89058 DOCUMENT # 1. Entity Name 04-17-2002 90116 045 ***150.00 HAMPTON ROAD INVESTMENT CO., INC. Mailing Address Principal Place of Business 3621 BERGER RD 3621 BERGER RD LUTZ FL 33549 **LUTZ FL 33549** 3. Mailing Address 2. Principal Place of Business 3631 BERGERO RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2381392 *ベリ*ア2 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired 3 3548-4703 HILLSBORDUCH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEMINGS, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 3621 BERGER RD **LUTZ FL 33549** City 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. (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, 2002 Fee will be \$550.00 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. TITLE ☐ Addition ☐ Delete TITLE E034 (9/01 FLEMINGS, RICHARD D NAME NAME 3621 BERGER RD STREET ADDRESS STREET ADORESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete D٧ NAME NAME FLEMINGS, JEFFREY H. 94 PEMBROKE ST. STREET ADDRESS STREET ADDRESS 150 APPLETON STE., #4B BOSTON, MA. 03/18-1237 CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02116-6046 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME LUSH, MELISSA F STREET ADDRESS **4 LAFAYETTE CT** STREET ADORESS CITY-ST-7IP CITY-ST-ZIP **GREENWICH CT 06830** TITI F Channe ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Defete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TPTLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KICHARD FLE MINGS

Davtime Phone #