

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

FILED

03 APR 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P11055*
1. Entity Name
The Fortress Corporation
7103000004303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business One Design Center Place Suite, Apt. #, etc. 715		3. Mailing Address Suite, Apt. #, etc.	
City & State Boston, MA		City & State	
Zip 02210	Country Suffolk	Zip	Country

REINSTATEMENT *00-03*
DO NOT WRITE IN THIS SPACE

4. FEI Number 592519700		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Kim Jones			
Street Address (P.O. Box Number is Not Acceptable) 1627 N.E. 1st Ave.			
City Miami		FL	Zip Code 33132

**DO NOT WRITE
IN THIS SPACE**

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 *Kim Jones* DATE *10/4/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	P/D Sigrid P. Thorne 1 Design Ctr. Place # 715, Boston, MA 02210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100016069601 04/15/03--01048--019 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Ladd M. Levis-Thorne 1 Design Ctr. Place # 715, Boston, MA 02210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100016069601 04/15/03--01048--020 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Frederick Wynne 1 Design Ctr. Place # 715, Boston, MA 02210	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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)(f), 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: *Fil Mastromola* Date *11/29/02* Daytime Phone # *677903070*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

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