

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Statement of Change of Supplemental
Information Contained in Article
VIII of Articles of Organization**

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 2.02 and Section 8.45; 950 CMR 113.17)

(1) Exact name of the corporation: _____

(2) Current registered office address: _____
(number, street, city or town, state, zip code)

(3) The following supplemental information has changed:

(check appropriate box)

Names and addresses of the directors, president, treasurer and secretary (an address need not be specified if the business address of the officer or director is the same as the principal office location):

President:

Treasurer:

Secretary:

Director(s):

Fiscal year end: _____
(month, day)

Principal office address: _____
(number, street, city or town, state, zip code)

Type of business in which the corporation intends to engage:

Other:

This certificate is effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date of filing is specified: _____

Signed by: _____,
(signature of authorized individual)

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this _____ day of _____, _____.

COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Statement of Change of Supplemental
Information Contained in Article
VIII of Articles of Organization
(General Laws Chapter 156D, Section 2.02 and
Section 8.45; 950 CMR 113.17)

I hereby certify that upon examination of this statement of change, duly submit-
ted to me, it appears that the provisions of the General Laws relative thereto have
been complied with, and I hereby approve said statement; and the filing fee in the
amount of \$ _____
having been paid, said articles are deemed to have been filed with me this
_____ day of _____, 20_____, at _____ a.m./p.m.
time

Effective date: _____
(must be within 90 days of date submitted)

Examiner

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Filing fee; \$25 for paper or fax filing.
No Fee if filed electronically.

TO BE FILLED IN BY CORPORATION
Contact Information:

Three horizontal lines for contact information.

Telephone: _____

Email: _____

Upon filing, a copy of this filing will be available at www.sec.state.ma.us/cor.
If the document is rejected, a copy of the rejection sheet and rejected document will
be available in the rejected queue.