

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 1448 9	2. Name of Corp. National Le	eisure Group, Inc.				
3. Street Address Principal Business Office 100 Sylvan Road, Suite 600			Woburn	State MA	<sup>Zip</sup> 01801	
4. Business Phone No. 5. State of Incorporal Delaware		5. State of Incorporatio Delaware	tion			
6. Brief Description of the Chard Travel Services	cter of Business Conduc	ted in Rhode Island				
7. NAMES AND ADDRES President Name Jeffrey Tolkin & Bradle	PRFFYSCELULEDULERFELSEMENTORERSCELUSER FAFA	CERS: ("X"BOX FOR A)	TACHMENT) THE IN SPA	KOES BEFORE USING	ANASMENS	
Street Address 10 Harbor Park Drive			Street Address			
பேர Port Washington	State NY	<sup>Z坤</sup> 11050	Сиу	State	Zíp	
Secretary Name Donald C. Graff			Treasurer Name Donald C. Graff			
Street Address 100 Sylvan Road, Suite 600			Street Address 100 Sylvan Road, Suite 600			
Сиу Woburn	State MA	<sup>Zip</sup> 01801	City Woburn	State MA	<sup>Ζίρ</sup> 01801	
8. NAMES AND ADDRES	SES OF THE DIRI	CTORS: ("X" BOX FOR .	<i>attachment)</i> 🖊 fill in s	PACES BEFORE USIN	IG ATTACHMENTS	
Director Name Jeffrey Tolkin			Director Name Bradley Tolkin	:		
Street Address			Street Address	Street Address		
10 Harbor Park Drive			10 Harbor Park Drive	10 Harbor Park Drive		
City	State	Zip	City	State	Zip	
Woburn	MA	01801	Woburn	MA	01801	
Director Name Frank Cougentakis			Director Name Jay Risher	·		
Street Address 5 Fairview Court			Street Address 19292 Sawgrass lane			
City Upper Brookville	State NY	Zip 11771	City Huntington Beach	State CA	<sup>Zip</sup> 92648	
9. SHARES AUTHORIZE	<b>D</b>		io. Shares issued (	"X" BOX FOR ATTAC	ниеми) 🗌 📑	
			ISSUED SHARES — THIS SECT	ION <u>MUST</u> BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			of Number of Shares	Class/Series	Par Value	
			100	Common	\$.01 2000 0 TED	
			THE STATE OF THE S	10N MUSI BEY	### # 1	
This report must be exec	uted on behalf of t	he corporation by an autho	orized representative. If the cor	poration is in the hand	ds of a receiver or trustee	

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	
Check No.	
Check No EER 9 3 700	
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B. 214	
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Under penalty of perjury, I declare and affi including any accompanying schedules and	
contained herein are true and correct.	212012007
Signature	Date
Donald C. Graff	
Print or Type Name	
Secretary	
Title	Form 630 Rev. 08/08

## **Directors**

Theodore Ermongenous Director 162-21 Powells Cove Blvd., Beechhurst, NY 11357

FILED

FEB 2 3 2009

By 144891