

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90082 025 ***150.00

DOCUMENT # 832457

1. Corporation Name

SASAKI ASSOCIATES, INC.

Principal Place of Business

Mailing Address

PLEASANT ST.
MA 02172

64 PLEASANT ST.
WATERTOWN MA 02172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Watertown

Zip

Country

25

Zip

Country

29

30

02472

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/03/1974

4. FEI Number

04-2230445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SUKEFORTH, JAMES A.

STREET ADDRESS 3 KITSON PARK DRIVE

CITY-ST-ZIP LESINGTON MA

TITLE ☐ DELETE

NAME BASSETT, KENNETH E.

STREET ADDRESS PAGE ROAD

CITY-ST-ZIP LINCOLN MA

TITLE ☐ DELETE

NAME ADAMS, KERRY S.

STREET ADDRESS 1 LANGLEY LANE

CITY-ST-ZIP ANDOVER MA

TITLE ☐ DELETE

NAME RESNICK, ALAN I.

STREET ADDRESS 34 NORTH ROAD

CITY-ST-ZIP EAST KINGSTON NH 03827

TITLE ☐ DELETE

NAME VIKLUND, ROY V.

STREET ADDRESS 216 ROYAL STREET

CITY-ST-ZIP WATERTOWN MA 02172

TITLE ☐ DELETE

NAME YOUNG, LARRY R.

STREET ADDRESS 1 APPLETON STREET

CITY-ST-ZIP WATERTOWN MA 02172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KERRY S. ADAMS, TREASURER

4-13-99

617-923-7288

CR2E034 (11/98)