2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000005646 1. Entity Name AMERESCO, INC.				FILED Feb 28, 2001 8:00 am Secretary of State 02-28-2001 90125 009 ***150.00		
Principal Place of Business Mailing Address 1400 MAIN STREET. STE 200 NALTHAM MA 02451 MALTHAM MA 02451 MAIN STREET. STE 200 WALTHAM MA 02451						
	lace of Business en St., Ste. 410 #, etc.	3. Mailing Address 111 Speen St., Ste. 410 Suite, Apt. #, etc.		10 DO NOT WRITE IN THIS SPACE		
City & State Framingham, MA Zip Country 01701 US		City & State Framingham, MA Zip Country		4. FEI Number 04-3512838 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional		
	US 6. Name and Address of Current F	01701 Registered Agent	US Nam	7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Stre	Street Address (P.O. Box Number is Not Acceptable)		
			City	y FL Zip Code		
SIGNATURE . 9. This corporate filling a	Signature, typed or printed name of registered agent at praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	E: Registered Agents !!! FEE IS \$1 001 Fee will b	be \$550.00 Trust Fund Contribution Added to Fees		
11.	OFFICERS AND (DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SAKELLARIS, GEORGE P 1400 MAIN STREET, STE 200 WALTHAM MA	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	p 111 Speen St., Ste. 410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, JOHN D 1400 MAIN STREET, STE 200 WALTHAM MA	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	VTSD Martin, John D.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEVLINRUGGIERO, KATHLEEN A 1400 MAIN STREET, STE 200 WALTHAM MA	■ Delete	TITLE NAME STREET AOOR CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORRSIN, DAVID J 1400 MAIN STREET, STE 200 WALTHAM MA	☐ Delete	TITLE NAME STREET ADOR	ISame as above		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDR			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1		
13. I hereby indicated of the column changed	certify that the information supplied with don this report or supplemental report is reporation or the receiver or trustee empore, or on an atlachment with an address, v	this filing does not qualify to true and accurate and that wered to execute this report with all other like impowered	or the exemption my signature sh t as required by t.	on stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if		
SIGNAT	URE: MONATURE AND TYPED OR P	PINTED NAME OF SIGNING OFFICER		D. Martin 1/16/01 508-661-2200		