FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90276 042 ***158.75

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DOCUMENT # F00000005646

1. Entity Name

AMERESCO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
111 SPEEN STREET	111 SPEEN STREET
Suite, Apt. #, etc.: SUITE 410	Suite, Apt. #, etc.: SUITE 401
City & State: FRAMINGHAM, MA	City & State: FRAMINGHAM, MA
Zip: 01701 Country: USA	Zip: 01701 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3512838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION **FL** Zip Code: 33324

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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	PRESIDENT, CEO
NAME	GEORGE P. SAKELLARIS
STREET ADDRESS	111 SPEEN STREET, SUITE 410
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	TREASURER
NAME	ALAN WINKLER
STREET ADDRESS	111 SPEEN STREET, SUITE 410
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	EXECUTIVE VICE PRESIDENT
NAME	DAVID J. ANDERSON
STREET ADDRESS	111 SPEEN STREET
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	DIRECTOR
NAME	DAVID J. CORRSIN
STREET ADDRESS	111 SPEEN STREET, SUITE 410
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	
NAME	
STREET ADDRESS	
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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)(i), 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: _____ ALAN WINKLER 4-24-02 508-661-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #