2005 FOR PROFIT CORPORATION

May 16, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # F0000005646 05-16-2005 90480 001 *1.650.00 AMERESCO, INC. 00011331 Principal Place of Business Mailing Address 111 SPEEN STREET 111 SPEEN STREET **SUITE 410 SUITE 410** FRAMINGHAM, MA 01701 FRAMINGHAM, MA 01701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05022005 CR2E034 (10/03) Cha-P City & State City & State 4. FE! Number Applied For 04-3512838 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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. I am familiar with, and accept the obligations of registered agent SIGNATURE -Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing Trust Fund Contribution. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. O/D TITLE Delete TITLE ☐ Change **⊠** Addition ANDREW B - SPENCE SAKELLARIS, GEORGE P NAME NAME ILL SPEED STREET, SUITE 410 STREET ADDRESS 111 SPEEN STREET, SUITE 410 STREET ADDRESS FRAMINGHAM, MA 01701 CITY-ST-ZIP CHY-ST-ZIP FRAMINGKAM , NA 0170L Change **X** Addition TITLE **Delete** TITLE GUY HICHOLS WINKLER, ALAN M NAME NAME 25 RESEARCH DALVE STREET ADDRESS 111 SPEEN STREET, SUITE 410 STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP FRAMINGHAM, MA 01701 west Bons MA 01582 ☐ Addition THEE ☐ Defete IME ☐ Change CORRSIN, DAVID J NAME NAME STREET ADDRESS 111 SPEEN STREET, SUITE STREET ADDRESS C(TY-ST-Z)P FRAMINGHAM, MA 01701 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE ANDERSON, DAVID J NAME STREET ADDRESS 111 SPEEN STREET, SUITE 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRAMINGHAM, MA 01701 ☐ Change Addition TITLE Delete TITLE SUTTON, JOESPH NAME NAME 1100 LOUISIANA SUITE 5050 STREET ADDRESS STREET ADDRESS HOUSTON, TX 77002 CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Detete TITLE TITLE BULGER, WILLIAM M NAME NAME STREET ADDRESS 828 E. 3RD STREET STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachmer vith at ther like emnowered

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SIGNATURE:

SOUTH BOSTON, MA 02127

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