# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 29, 2006**
**Secretary of State**

DOCUMENT# F00000005646

**Entity Name:** AMERESCO, INC.

**Current Principal Place of Business:**

111 SPEEN STREET
SUITE 410
FRAMINGHAM, MA 01701

**New Principal Place of Business:**

**Current Mailing Address:**

111 SPEEN STREET
SUITE 410
FRAMINGHAM, MA 01701

**New Mailing Address:**

**FEI Number: 04-3512838** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: O/D ( ) Delete
Name: SAKELLARIS, GEORGE P
Address: 111 SPEEN STREET, SUITE 410
City-St-Zip: FRAMINGHAM, MA 01701

Title: T ( ) Delete
Name: ANDREW, B. SPENCE
Address: 111 SPEEN STREET, SUITE 410
City-St-Zip: FRAMINGHAM, MA 01701

Title: S/D ( ) Delete
Name: CORRSIN, DAVID J
Address: 111 SPEEN STREET, SUITE
City-St-Zip: FRAMINGHAM, MA 01701

Title: EVPD ( ) Delete
Name: ANDERSON, DAVID J
Address: 111 SPEEN STREET, SUITE 410
City-St-Zip: FRAMINGHAM, MA 01701

Title: D ( ) Delete
Name: SUTTON, JOESPH
Address: 1100 LOUISIANA SUITE 5050
City-St-Zip: HOUSTON, TX 77002

Title: D ( ) Delete
Name: BULGER, WILLIAM M
Address: 828 E. 3RD STREET
City-St-Zip: SOUTH BOSTON, MA 02127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. CORRSIN S/D 03/29/2006

Electronic Signature of Signing Officer or Director — Date