## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P16873

Title:

Name: Address:

City-St-Zip:

SVD

() Delete

TROLLER, THOMAS A

109 N RIDGE ROAD

IPSWICH, MA 01938

E. VERNER JOHNSON AND ASSOCIATES, INC.

FILED Jan 14, 2003 Secretary of State

Entity Nai	me: E. VERNI	ER JOHNSON AND ASSOCIA	ATES, INC	·.				
Current Principal Place of Business:				New Principal Place of Business:				
222 BERKELEY STREET BOSTON, MA 02116				222 BERKELEY STREET SUITE 1350 BOSTON, MA 02116				
Current Mailing Address:				New Mailing Address:				
222 BERKELEY STREET BOSTON, MA 02116				222 BERKELEY STREET SUITE 1350 BOSTON, MA 02116				
FEI Number	: 04-2637812	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate	of Status Desire	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
8751 WES	ORATION SYS ST BROWARD ION, FL 33324	BLVD						
	named entity see of Florida.	submits this statement for the բ	purpose o	f changing i	ts registered	office or reg	istered agent	, or both,
SIGNATU	RE:							
	Electror	ic Signature of Registered Ag	ent			Da	ate	
	mpaign Financing	g Trust Fund Contribution(). TORS:		ADDITION	IS/CHANGE	S TO OFFIC	ERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip:	PD ( ) JOHNSON, ERI 8 BAY STATE F WESTON, MA	RD		Title: Name: Address: City-St-Zip:	PD ( JOHNSON, E 8 BAY STATE WESTON, M	RD	Addition	
Title: Name: Address: City-St-Zip:	VD ( ) SIRIANNI, LOU 48 RICHWOOD WEST ROXBUI	STREET		Title: Name: Address: City-St-Zip:	SIRIANNI, LO 48 RICHWOO			
Title: Name: Address: City-St-Zip:	TVD ( ) BRADLEY, NEI ONE LESLIE R WALTHAM, MA	OAD		Title: Name: Address: City-St-Zip:	(	()Change()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRADLEY NEDERHOFF TVD 01/14/2003

() Change () Addition