

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90076 035 ***150.00

DOCUMENT # P37086

1. Entity Name
ARTHUR D. LITTLE, INC.

Principal Place of Business JANET BELAIR, LEGAL DEPT. 25 ACORN PARK CAMBRIDGE MA 02140	Mailing Address JANET BELAIR, LEGAL DEPT. 25 ACORN PARK CAMBRIDGE MA 02140-2301
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-1549700		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent
Name		Street Address (P.O. Box Number is Not Acceptable)
City		FL 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.

SIGNATURE *[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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LAMANTIA, CHARLES R. STREET ADDRESS 25 ACORN PARK CITY-ST-ZIP CAMBRIDGE MA	<input checked="" type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lamadrid, Lorenzo C. STREET ADDRESS 25 Acorn Park CITY-ST-ZIP Cambridge, MA	
TITLE VS NAME GALLO, SAMUEL J. STREET ADDRESS 25 ACORN PARK CITY-ST-ZIP CAMBRIDGE MA	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME GALLO, SAMUEL J. STREET ADDRESS 25 ACORN PARK CITY-ST-ZIP CAMBRIDGE MA	
TITLE M NAME MCELLIGOTT, FREDERICK T. STREET ADDRESS 25 ACORN PARK CITY-ST-ZIP CAMBRIDGE MA	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MCELLIGOTT, FREDERICK T. STREET ADDRESS 25 ACORN PARK CITY-ST-ZIP CAMBRIDGE MA	
TITLE CEOP NAME BROWN, JOHN W. STREET ADDRESS 2725 FAIRFIELD ROAD CITY-ST-ZIP KALAMAZOO MI 49002	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PLEASE SEE ATTACHED LIST FOR BOARD STREET ADDRESS OF DIRECTORS CITY-ST-ZIP	
TITLE CCEO NAME CONNELL, WILLIAM F. STREET ADDRESS 1 INTERNATIONAL PL, 31ST FL, FORT HILL SQ CITY-ST-ZIP BOSTON MA 02110	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CONNELL, WILLIAM F. STREET ADDRESS 1 INTERNATIONAL PL, 31ST FL, FORT HILL SQ CITY-ST-ZIP BOSTON MA 02110	
TITLE D NAME CONWAY, JILL K. STREET ADDRESS 65 COMMONWEALTH AVENUE CITY-ST-ZIP BOSTON MA 02116	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME CONWAY, JILL K. STREET ADDRESS 65 COMMONWEALTH AVENUE CITY-ST-ZIP BOSTON MA 02116	

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 Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Samuel J. Gallo* **Samuel J. Gallo, Sr. VP, Secy. & Gen Counsel** 01-10-00 617-498-5255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)