# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2005**
**Secretary of State**

DOCUMENT# F94000006100

**Entity Name:** ESSEX NORTHLAND INVESTMENT CORPORATION

**Current Principal Place of Business:**

C/O NORTHLAND
2150 WASHINGTON STREET
NEWTON, MA 02462

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NORTHLAND
2150 WASHINGTON STREET
NEWTON, MA 02462

**New Mailing Address:**

**FEI Number: 22-3137052** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
SUITE 105
TALLAHASSEE, FL 32301 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: C ( ) Delete
Name: GOTTESDIENER, LAWRENCE R
Address: C1250 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: PT ( ) Delete
Name: GATOF, ROBERT S
Address: 1250 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: S ( ) Delete
Name: ROSENTHAL, STEVEN R
Address: 1250 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: D ( ) Delete
Name: GOTTESDIENER, LAWRENCE R
Address: 1250 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: D ( ) Delete
Name: GATOF, ROBERT S
Address: 1250 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

**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:

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.

SIGNATURE: ROBERT S. GATOF PTD 04/29/2005

Electronic Signature of Signing Officer or Director — Date