

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90214 047 ***158.75

0314259 AT

DOCUMENT # 832457

1. Entity Name
SASAKI ASSOCIATES, INC.



Principal Place of Business
**64 PLEASANT ST.
WATERTOWN MA 02172**

Mailing Address
**64 PLEASANT ST.
WATERTOWN MA 02172**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2230445**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	SUKEFORTH, JAMES A.	
STREET ADDRESS	3 KITSON PARK DRIVE	
CITY-ST-ZIP	LESINGTON MA	
TITLE	P	<input type="checkbox"/> Delete
NAME	BASSETT, KENNETH E.	
STREET ADDRESS	PAGE ROAD	
CITY-ST-ZIP	LINCOLN MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NELSON SCOTT	
STREET ADDRESS	3833 DIVISADERO	
CITY-ST-ZIP	SAN FRANCISCO CA 94123	
TITLE	D	<input type="checkbox"/> Delete
NAME	RESNICK, ALAN I.	
STREET ADDRESS	34 NORTH ROAD	
CITY-ST-ZIP	EAST KINGSTON NH 03827	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIKLUND, ROY V.	
STREET ADDRESS	216 ROYAL STREET	
CITY-ST-ZIP	WATERTOWN MA 02172	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREEDMAN, NANCY B	
STREET ADDRESS	29 FORTY ACRES DRIVE	
CITY-ST-ZIP	WAYLAND MA 01778	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/20/03** Daytime Phone #: **781-880-9585**

CR2E034 (10/02)