

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 840936

FILED  
Sep 29, 2004  
Secretary of State

**Entity Name:** THE STUBBINS ASSOCIATES, INC.

**Current Principal Place of Business:**

1030 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02138

**New Principal Place of Business:**

**Current Mailing Address:**

1030 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02138

**New Mailing Address:**

**FEI Number:** 04-2227079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324

**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: C. OSTBERG, RONALD  
Address: 41 WARREN AVE.  
City-St-Zip: HARVARD, MA

Title: VD ( ) Delete  
Name: BLEWETT, CLARENCE  
Address: 266 PERKINS ROW  
City-St-Zip: TOPSFIELD, MA

Title: VD ( ) Delete  
Name: SIMPSON, SCOTT  
Address: 117 JUDY FARM ROAD  
City-St-Zip: CARLISLE, MA

**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:

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: CLARENCE BLEWETT

VD

09/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date