

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90099 048 ***158.75

DOCUMENT # 852881

1. Entity Name

JUNG/BRANNEN ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**34 FARNSWORTH ST
 BOSTON MA 02210
 US**

**34 FARNSWORTH ST
 BOSTON MA 02210-1211
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2435299**

Applied For
 Not Applicable

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HSIUNG, ROBERT Y C	
STREET ADDRESS	95 WARREN ST	
CITY-ST-ZIP	NEWTON CENTER, MASS00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRANNEN, ROBERT	
STREET ADDRESS	BAKER BRIDGE RD	
CITY-ST-ZIP	LINCOLN, MASS 00000	
TITLE	D, President	<input type="checkbox"/> Delete
NAME	PENDLEBURY, DUNCAN	
STREET ADDRESS	320 E. SHORE ROAD	
CITY-ST-ZIP	JAMESTOWN RI	
TITLE	CS	<input type="checkbox"/> Delete
NAME	MACGILLIVRAY, JOHN F.	
STREET ADDRESS	7 RADCLIFFE TERRACE	
CITY-ST-ZIP	HALIFAX MA	
TITLE	TEVD	<input type="checkbox"/> Delete
NAME	JOHNSON, BRUCE M	
STREET ADDRESS	13 CARTER DR	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAMAYEK, JOSEPH	
STREET ADDRESS	30 TRENTON STREET	
CITY-ST-ZIP	MELROSE MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra P. Smith	
STREET ADDRESS	37 Linden Place	
CITY-ST-ZIP	Brookline, MA 02445	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mart Ojamaa	
STREET ADDRESS	11 Swan Lane	
CITY-ST-ZIP	Lexington, MA 02421	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

John MacGillivray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

1/5/00

(617)482-2299

Date

Daytime Phone #