

# 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<br>BOSTON MA 02210<br>US |         | 34 FARNSWORTH ST<br>BOSTON MA 02210-1211<br>US |         |
| 2. Principal Place of Business            |         | 3. Mailing Address                             |         |
| Suite, Apt. #, etc.                       |         | Suite, Apt. #, etc.                            |         |
| City & State                              |         | City & State                                   |         |
| Zip                                       | Country | Zip  | Country |

BC007103



DO NOT WRITE IN THIS SPACE

|  |  |  |  |                               |
|--|--|--|--|-------------------------------|
| 4. FEI Number <b>04-2435299</b>  |  |  |  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |  |  |                               |
| 6. Name and Address of Current Registered Agent  |  |  | 7. Name and Address of New Registered Agent        |                               |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b>          |  |  | Name   |                               |
|  |  |  | Street Address (P.O. Box Number is Not Acceptable) |                               |
|  |  |  | City   |                               |
|  |  |  | <b>FL</b>  | 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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|--|---|--|

| 11. OFFICERS AND DIRECTORS |                                 |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                            |  |
|----------------------------|---------------------------------|---------------------------------|---|----------------------------|--|
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> Delete | TITLE   | <b>Director</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>HSIUNG, ROBERT Y C</b>       |                                 | NAME  | <b>Sandra P. Smith</b>     |  |
| STREET ADDRESS             | <b>95 WARREN ST</b>             |                                 | STREET ADDRESS  | <b>37 Linden Place</b>     |  |
| CITY-ST-ZIP                | <b>NEWTON CENTER, MASS00000</b> |                                 | CITY-ST-ZIP   | <b>Brookline, MA 02445</b> |  |
| TITLE                      | <b>TD</b>                       | <input type="checkbox"/> Delete | TITLE   | <b>Director</b>            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BRANNEN, ROBERT</b>          |                                 | NAME  | <b>Mart Ojamaa</b>         |  |
| STREET ADDRESS             | <b>BAKER BRIDGE RD</b>          |                                 | STREET ADDRESS  | <b>11 Swan Lane</b>        |  |
| CITY-ST-ZIP                | <b>LINCOLN, MASS 00000</b>      |                                 | CITY-ST-ZIP   | <b>Lexington, MA 02421</b> |  |
| TITLE                      | <b>D, President</b>             | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PENDLEBURY, DUNCAN</b>       |                                 | NAME  |                            |  |
| STREET ADDRESS             | <b>320 E. SHORE ROAD</b>        |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | <b>JAMESTOWN RI</b>             |                                 | CITY-ST-ZIP   |                            |  |
| TITLE                      | <b>CS</b>                       | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MACGILLIVRAY, JOHN F.</b>    |                                 | NAME  |                            |  |
| STREET ADDRESS             | <b>7 RADCLIFFE TERRACE</b>      |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | <b>HALIFAX MA</b>               |                                 | CITY-ST-ZIP   |                            |  |
| TITLE                      | <b>TEVD</b>                     | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>JOHNSON, BRUCE M</b>         |                                 | NAME  |                            |  |
| STREET ADDRESS             | <b>13 CARTER DR</b>             |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | <b>FRAMINGHAM MA 01701</b>      |                                 | CITY-ST-ZIP   |                            |  |
| TITLE                      | <b>D</b>                        | <input type="checkbox"/> Delete | TITLE   |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MAMAYEK, JOSEPH</b>          |                                 | NAME  |                            |  |
| STREET ADDRESS             | <b>30 TRENTON STREET</b>        |                                 | STREET ADDRESS  |                            |  |
| CITY-ST-ZIP                | <b>MELROSE MA</b>               |                                 | 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* **REQUIRED** **1/5/00** **(617)482-2299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #