

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90003 006 ***558.75

0196912 AB

DOCUMENT # 852881
 1. Entity Name
JUNG/BRANNEN ASSOCIATES, INC.

Principal Place of Business
34 FARNSWORTH ST
BOSTON MA 02210
US

Mailing Address
34 FARNSWORTH ST
BOSTON MA 02210
US

AU070130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-2435299	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country		

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HSIUNG, ROBERT Y C		NAME	Sandra P. Smith	
STREET ADDRESS	95 WARREN ST		STREET ADDRESS	37 Linden Place	
CITY-ST-ZIP	NEWTON CENTER, MASS00000		CITY-ST-ZIP	Brookline, MA 02445	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANNEN, ROBERT		NAME	Jeannine Campbell	
STREET ADDRESS	BAKER BRIDGE RD		STREET ADDRESS	43 Sargent Street	
CITY-ST-ZIP	LINCOLN, MASS 00000		CITY-ST-ZIP	Melrose, MA 02176	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PENDLEBURY, DUNCAN		NAME	Neil Middleton	
STREET ADDRESS	320 E. SHORE ROAD		STREET ADDRESS	45 Weston Road	
CITY-ST-ZIP	JAMESTOWN RI		CITY-ST-ZIP	Lincoln, MA 01773	
TITLE	CS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACGILLIVRAY, JOHN F.		NAME		
STREET ADDRESS	7 RADCLIFFE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HALIFAX MA		CITY-ST-ZIP		
TITLE	TEVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BRUCE M		NAME		
STREET ADDRESS	13 CARTER DR		STREET ADDRESS		
CITY-ST-ZIP	FRAMINGHAM MA 01701		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAMAYEK, JOSEPH		NAME		
STREET ADDRESS	30 TRENTON STREET		STREET ADDRESS		
CITY-ST-ZIP	MELROSE MA		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** **7/5/01** **(617) 482-2299**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)