2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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 US

01092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

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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, 2004 Fee will be $550.00

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

U00000028201
02/04/04-80016-014 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ANGELL, JERRELL
STREET ADDRESS	4 HUTCHINSON STREET
CITY-ST-ZIP	MILTON, MA 02186
TITLE	D
NAME	CAMPBELL, JEANNINE
STREET ADDRESS	43 SARGENT STREET
CITY-ST-ZIP	MELROSE, MA 02176
TITLE	D
NAME	PENDLEBURY, DUNCAN
STREET ADDRESS	320 E. SHORE ROAD
CITY-ST-ZIP	JAMESTOWN, RI
TITLE	CS
NAME	MACGILLIVRAY, JOHN F.
STREET ADDRESS	7 RADCLIFFE TERRACE
CITY-ST-ZIP	HALIFAX, MA
TITLE	TEVD
NAME	JOHNSON, BRUCE M
STREET ADDRESS	13 CARTER DR
CITY-ST-ZIP	FRAMINGHAM, MA 01701
TITLE	D
NAME	MAMAYEK, JOSEPH
STREET ADDRESS	30 TRENTON STREET
CITY-ST-ZIP	MELROSE, MA

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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: John MacGillivray John F. MacGillivray 1/9/2004 (617) 482-2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #