


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90277 019 ***158.75

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**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2435299**

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**

Applied For
 Not Applicable

7. Name and Address of New Registered Agent
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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	Director Robert James Onofrey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	49 Pine Street	
CITY-ST-ZIP	Needham, MA 02492	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03 **617-482-2299**
Date Daytime Phone #

CR2E034 (10/02)