

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000003171

FILED
Mar 30, 2003
Secretary of State

Entity Name: SALIENCE ASSOCIATES, INC.

Current Principal Place of Business:

300 BRICKSTONE SQUARE, 9TH FLOOR
ANDOVER, MA 01810 US

New Principal Place of Business:

Current Mailing Address:

300 BRICKSTONE SQUARE, 9TH FLOOR
ANDOVER, MA 01810 US

New Mailing Address:

FEI Number: 04-3213500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: STOCKARD, ROBERT G
Address: 35 PROCTER STREET
City-St-Zip: MANCHESTER, MA 01944 US

Title: D () Delete
Name: SWEENEY, STEPHEN
Address: 7 GREENBROOK ROAD
City-St-Zip: HAMILTON, MA 01982 US

Title: VT () Delete
Name: CLARK, RICHARD E
Address: 27 HICKORY LANE
City-St-Zip: WINDHAM, NH 03087 US

Title: D () Delete
Name: MASSARO, MARIA
Address: 35 PROCTER STREET
City-St-Zip: MANCHESTER, MA 01944 US

Title: D () Delete
Name: MCDONOUGH, JAMES
Address: 38 TINDALE WAY
City-St-Zip: HANOVER, MA 02339 US

Title: D () Delete
Name: VANDERVELDEN, JAMES
Address: 24 MARTIN DRIVE
City-St-Zip: SUDBURY, MA 01776 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. CLARK

VT

03/30/2003

Electronic Signature of Signing Officer or Director

Date