

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006250

FILED
Mar 12, 2004
Secretary of State**Entity Name:** MEP MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**87 WINTHROP STREET
AUGUSTA, ME 04330**New Principal Place of Business:****Current Mailing Address:**ONE PORTLAND SQUARE
P.O. BOX 586
PORTLAND, ME 041120586**New Mailing Address:****FEI Number:** 01-0529870 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:**Title:** PCD () Delete
Name: RODRIGUE, RODNEY P
Address: 87 WINTHROP STREET
City-St-Zip: AUGUSTA, ME 04330**Title:** STCF () Delete
Name: DELLA-PUPA, OLGA
Address: 500 WEST CUMMINS PARK, STE 4000
City-St-Zip: WOBURN, MA 02180**Title:** V () Delete
Name: KARVONIDES, NICHOLAS
Address: 87 WINTHROP STREET
City-St-Zip: AUGUSTA, ME 04330**Title:** V () Delete
Name: MOSHER, MURIEL
Address: 87 WINTHROP STREET
City-St-Zip: AUGUSTA, ME 04330**Title:** V () Delete
Name: SHEHATA, TERRY
Address: 87 WINTHROP STREET
City-St-Zip: AUGUSTA, ME 04330**Title:** AS () Delete
Name: RAESSLER, CLAUDIA D
Address: ONE PORTLAND SQUARE, PO BOX 586
City-St-Zip: PORTLAND, ME 041120586**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** STCF (X) Change () Addition
Name: DELLA-PUPA, OLGA
Address: 500 WEST CUMMINGS PARK, STE 6500
City-St-Zip: WOBURN, MA 02180**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA D. RAESSLER

AS

03/12/2004

Electronic Signature of Signing Officer or Director

Date

DON CHAPPELL V
164 MIDDLE STREET
SUITE 5
PORTLAND, ME 04101