

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006333

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: GENESIS CONSOLIDATED SERVICES, INC.

## Current Principal Place of Business:

21 WORTHEN RD.  
LEXINGTON, MA 02420

## New Principal Place of Business:

76 BLANCHARD ROAD  
BURLINGTON, MA 01803

## Current Mailing Address:

21 WORTHEN ROAD  
LEXINGTON, MA 02421

## New Mailing Address:

76 BLANCHARD ROAD  
BURLINGTON, MA 01803

FEI Number: 04-3106172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
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: PCD ( ) Delete  
Name: BURBIDGE, ROBERT J  
Address: 108 WOOD ST.  
City-St-Zip: LEXINGTON, MA 02421

Title: V.P. ( ) Delete  
Name: GALELLO, MONETTE  
Address: 3 E. SHEPPARD ROAD  
City-St-Zip: CHELMSFORD, MA 01824

Title: DIRE ( ) Delete  
Name: BURBIDGE, JEAN  
Address: 108 WOOD STREET  
City-St-Zip: LEXINGTON, MA 02421

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: NEEDHAM, DAVE  
Address: 33 DEXTER ROAD  
City-St-Zip: LEXINGTON, MA 02420

Title: CFO ( ) Change (X) Addition  
Name: STEVENSON, DIANE  
Address: 40 HOMER STREET  
City-St-Zip: NEWTON, MA 02459

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: ROBERT J. BURBIDGE

PRES

02/15/2005

Electronic Signature of Signing Officer or Director

Date