2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State
05-05-2005 90106 008 ***158.75

DOCUMENT # F01000002211

1. Entity Name
OVE ARUP & PARTNERS MASSACHUSETTS INC.

50049243

Principal Place of Business	Mailing Address
955 MASSACHUSETTS AVE SUITE 402 CAMBRIDGE, MA 02139	155 AVENUE OF THE AMERICAS 11TH FLOOR NEW YORK, NY 10013

01192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1539147
☐ 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASHOK, RAIJI
STREET ADDRESS	76 DEHAVEN DRIVE
CITY-ST-ZIP	YONKERS, NY 10703
TITLE	D
NAME	~~RAMAN, MAHADEV~~ RAMAN, MAHADEV
STREET ADDRESS	35 DEBRA DRIVE
CITY-ST-ZIP	DAYTON, NJ 08810
TITLE	~~O~~ D
NAME	~~O'HANLON, LIAM~~ JIM QUITER
STREET ADDRESS	~~18 SECOND AVENUE~~ 700 COMANCHE COURT
CITY-ST-ZIP	~~PORT WASHINGTON, NY 11050~~ WALNUT CREEK, CA 94598
TITLE	ST
NAME	SOMERS, MICHAEL
STREET ADDRESS	LINKS COTTAGE - LINKS LANE
CITY-ST-ZIP	BRADWELL BRAINTREE ESSEX, CM7 835
TITLE	AS
NAME	NOBLE, LARRY
STREET ADDRESS	388 BEALE STREET, #1901
CITY-ST-ZIP	SAN FRANCISCO, CA 94105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: LS [illegible] LARRY Noble 4/26/05 415-946-0595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #