## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000942

Title:

Name:

Address:

City-St-Zip:

FILED Jan 20, 2005 Secretary of State

Entity Name: IES MASSACHUSETTS, INC. **Current Principal Place of Business: New Principal Place of Business:** NORWOOD AIRPORT BUSINESS PARK 89 ACCESS ROAD, STE 28 NORWOOD, MA 02062 **Current Mailing Address: New Mailing Address:** NORWOOD AIRPORT BUSINESS PARK 89 ACCESS ROAD, STE 28 NORWOOD, MA 02062 FEI Number: 04-3270315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZANGARI, NICK 1018 GREAT OAK DRIVE US GULF BREEZE, FL 32563 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition Name: FAM, SAMI A Name: FAM, SAMI A 31 YORKSHIRE ROAD 31 YORKSHIRE ROAD Address: Address: City-St-Zip: DOVER, MA City-St-Zip: **DOVER, MA 02030** Title: Title: ST () Delete ST (X) Change ( ) Addition Name: JURGEON, JANI M Name: JURGEON, JAN M 31 YORKSHIRE ROAD 31 YORKSHIRE ROAD Address: Address: DOVER, MA 02030 City-St-Zip: DOVER, MA City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition HIGGINS, JOSEPH E HIGGINS, JOSEPH E Name: Name: 10 SUMMIT DRIVE 10 SUMMIT DRIVE Address: Address: City-St-Zip: HINGHAM, MA City-St-Zip: HINGHAM, MA 02043

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: NANCI JO PETRUCCI V 01/20/2005

() Delete

( ) Change (X) Addition

PETRUCCI, NANCI JO

CRANSTON, RI 02920

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