

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000942

Entity Name: IES MASSACHUSETTS, INC.

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

25 SPRING STREET  
WALPOLE, MA 02081

## New Principal Place of Business:

## Current Mailing Address:

25 SPRING STREET  
WALPOLE, MA 02081

## New Mailing Address:

FEI Number: 04-3270315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZANGARI, NICK  
1018 GREAT OAK DRIVE  
GULF BREEZE, FL 32563 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: P ( ) Delete  
Name: FAM, SAMI A  
Address: 31 YORKSHIRE ROAD  
City-St-Zip: DOVER, MA 02030

Title: ST ( ) Delete  
Name: JURGEON, JAN M  
Address: 31 YORKSHIRE ROAD  
City-St-Zip: DOVER, MA 02030

Title: V ( ) Delete  
Name: HIGGINS, JOSEPH E  
Address: 10 SUMMIT DRIVE  
City-St-Zip: HINGHAM, MA 02043

Title: V ( ) Delete  
Name: BARNETT, Nanci JO  
Address: 87 HILLTOP DRIVE  
City-St-Zip: CRANSTON, RI 02920

## 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:

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 Chapter 119, 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: Nanci JO BARNETT

OFFI

03/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date