

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001165

FILED
Jul 09, 2007
Secretary of State

Entity Name: VANDERWEIL FACILITY ADVISORS, INC.

Current Principal Place of Business:

266 SUMMER STREET
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

266 SUMMER STREET
2ND FLOOR
BOSTON, MA 02210

New Mailing Address:

FEI Number: 04-3570054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: KOKOS, GERALD
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: VPT () Delete
Name: SUMMERS, JAMES
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: OFF () Delete
Name: FLORENCE, ANTHONY
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: D () Delete
Name: DAVIS, D W
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: D () Delete
Name: MARTINSON, JOHN
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: D () Delete
Name: VANDERWEIL, GARY
Address: 274 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

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:

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 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: JENNIFER SPANGLER

POA

07/09/2007

Electronic Signature of Signing Officer or Director

Date