## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Character A. Congs

## **Secretary of State DOCUMENT # F02000002209** 03-09-2005 90034 031 \*\*\*150.00 1. Entity Name IDIÓM, INC. Mailing Address Principal Place of Business 200 FIFTH AVE. 200 FIFTH AVE. WALTHAM, MA 02451 WALTHAM, MA 02451 3. Mailing Address 2. Principal Place of Business 17:24 Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 04-3457981 Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 Street Address (P.O. Box Number is Not Acceptable) Zip Code City FL 8.1 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 nothe obligations of registered agent. WALTHAM, NA. 1745T SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE William St. Puston -After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ... TITLE TO SER √ Addition ☐ Delete TITLE ☐ Change Fiorentiano, Joseph SILBERSTEIN, ERIC NAME -----NAME 200 FIFTH AVE., 200 FL. STREET ADDRESS STREET ADDRESS 200 FIFTH AVE., 2ND FL Waltham, MA 02451 CITY - ST - ZIP^ WALTHAM, MA 02451 CITY-ST-ZIP D 1 1992 Delete ☐ Change ☐ Addition TITLE NAME TO STREET ADDRESS SANTINELLI, ANGELO NAME C/O 950 WINTER ST., STE. 4600 STREET ADDRESS CITY ST-ZIP WALTHAM, MA 02451 CITY-ST-ZIP TITLE CAVITATE D. ☐ Change ☐ Addition Delete, TITLE NAME HAZARD, CHARLES NAME STREET ADDRESS. C/O ONE FEDERAL ST. STREET ADDRESS CITY - ST- ZIP GIYEST DE BOSTON MA 02110 THE THEFT regain Ö ☐ Change ☐ Addition ☐ Delete TITLE NAME THAN I DAVOLI, ROBERT NAME C/O'20 CUSTOM HOUSE ST., STE. 830 STREET ADDRESS STREET ADDRESS CITY ST-ZIR: CITY-ST-ZIP BOSTON, MA 02110 ☐ Change ☐ Addition TITLE TITLE (:) T boy ☐ Delete COMEAU, GREGORY MAME STREET ADDRESS STREET ADDRESS 200 FIFTH AVE., 2ND FL CITY-ST-ZIP-WALTHAM, MA 02451 CITY-ST-ZIP TITLE Change ☐ Addition TITLE D ☐ Delete NAME I N. ERES GOLDFARB, ANDREW NAME STREET ADDRESS | ONE BOSTON PL., STE. 3320 STREET ADDRESS CITY-ST-ZIP BOSTON MA 02108 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 legic file corporation or, the receiver or trustee empowered to Secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or on an attachment with an address, with all other like empowered. SIGNING OFFICER OR DIRECTOR GREEN COMICAL 2/3/2005 SIGNATURE: SIGNAPOBE AND TYPED OR PRINTED

FILED Mar 09, 2005 8:00 am