2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90043 047 ***150.00

DOCUMENT # F02000002209

1. Entity Name
IDIOM, INC.

Principal Place of Business	Mailing Address
200 FIFTH AVE. WALTHAM, MA 02451	200 FIFTH AVE. WALTHAM, MA 02451

04062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3457981 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SILBERSTEIN, ERIC 200 FIFTH AVE., 2ND FL WALTHAM, MA 02451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAM GEARY 200 FIFTH AVENUE, 2ND FLOOR WALTHAM, MA 02451	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTINELLI, ANGELO C/O 950 WINTER ST., STE. 4600 WALTHAM, MA 02451	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER EDWARD SPIES 200 FIFTH AVENUE, 2ND FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAZARD, CHARLES C/O ONE FEDERAL ST. BOSTON, MA 02110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVOLI, ROBERT C/O 20 CUSTOM HOUSE ST., STE. 830 BOSTON, MA 02110	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TACOBVCCI, MICHAEL 200 FIFTH AVE 2ND FLOOR WALTHAM, MA 02451	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP IACOBUCCI, MICHAEL 200 FIFTH AVENUE, 2ND FLOOR WALTHAM, MA 02451	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDFARB, ANDREW ONE BOSTON PL., STE. 3320 BOSTON, MA 02108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ MICHAEL IACOBUCCI 4-13-07 781-464-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #