

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Aug 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000000871

1. Entity Name  
STRATASEA, INC.



Principal Place of Business  
225 SOUTHAMPTON STREET  
BOSTON, MA 02118

Mailing Address  
225 SOUTHAMPTON STREET  
BOSTON, MA 02118

**DO NOT WRITE IN THIS SPACE**



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3392569

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 STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for 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  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME STEVENS, WALLACE R  
STREET ADDRESS 225 SOUTHAMPTON STREET  
CITY - ST - ZIP BOSTON, MA 02118

TITLE TD  
NAME STAUFFER, JAMES W  
STREET ADDRESS 225 SOUTHAMPTON STREET  
CITY - ST - ZIP BOSTON, MA 02118

TITLE CD  
NAME GORTON, MICHAEL C  
STREET ADDRESS 225 SOUTHAMPTON STREET  
CITY - ST - ZIP BOSTON, MA 02118

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000170135  
08/16/04-80003-003 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Stauffer

8/5/04  
Date

617-442-5800  
Daytime Phone #