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JUN-21-2005 17:51 P.03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 JUN 21 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000004224

1. Corporation Name
CHARLES RIVER ASSOCIATES INCORPORATED

04-05

2. Principal Office Address	3. Mailing Office Address
200 CLARENDON ST	200 CLARENDON ST
Suite, Apt. #, etc. T-33	Suite, Apt. #, etc. T-33
City & State BOSTON MA	City & State BOSTON MA
Zip 02116 Country USA	Zip 02116 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/18/2003

5. FEI Number 04-2372210 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 6/21/2005
REGISTERED AGENT MUST SIGN

CR2E031 (01/03)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	SEE ATTACHED		

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 6-16-2005 617-425-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL016 - 01/03/2003 CT System Online

CRA International, Inc.
Attachment to Corporation Reinstatement

Item 9 Name and street address* of each Officer and/or Director

Office Held	*Name*
D	Basil L. Anderson
D	William F. Concannon
D	Ronald T. Maheu
D	Nancy L. Rose
D	Carl Shapiro
D	Steven C. Salop
D	Rowland T. Moriarty
D	Franklin M. Fisher
P/D	James C. Burrows
S	Peter M. Rosenblum
T	J. Phillip Cooper
VP	James Spelfogel

* Address for the individuals listed above is:
c/o CRA International, Inc.
200 Clarendon Street, T-33
Boston, MA 02116

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

CHARLES RIVER ASSOCIATES INCORPORATED

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