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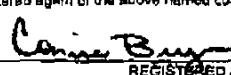
CT CORP

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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			
2. Principal Office Address 200 CLARENDON ST		3. Mailing Office Address 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	
6. CERTIFICATE OF STATUS DESIRED ☐		Applied For ☐ Not Applicable ☐	
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 		Date 6/21/2005	
CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN			
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(2)(f), 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: 		6-16-2005 617-425-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

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CRA International, Inc.
Attachment to Corporation Reinstatement

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

<i>Office Held</i>	<i>Name</i>
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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To:

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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