


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90179 016 ***185.00

DOCUMENT # F03000004224 1. Entity Name CHARLES RIVER ASSOCIATES INCORPORATED					
Principal Place of Business 200 CLARENDON STREET, T-33 BOSTON, MA 02116			Mailing Address 200 CLARENDON STREET, T-33 BOSTON, MA 02116		
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 04-2372210	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (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. <input type="checkbox"/>		\$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	PD BURROWS, JAMES C 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MACKIE, WAYNE D 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORIARTY, ROWLAND T 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, FRANKLIN M 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSENBLUM, PETER M 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPELFOGEL, JAMES 200 CLARENDON STREET, T-33 BOSTON, MA 02116	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Wayne D. Mackie</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			WAYNE D. MACKIE Date		
			617-425-3000 Daytime Phone #		

ATTACHMENT

40060111

F0300000 4224

Attachment to additions/changes of officers and directors:

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Anderson, Basil L 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Concannon, William F 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Maheu, Ronald T 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Rose, Nancy L 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Salop, Steven C 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	D Shapiro, Carl 200 Clarendon Street, T-33 Boston, MA 02116	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

ATTACHMENT

COVER LETTER

TO: Amendment Section
Division of Corporations

40060111

#F03000004224

SUBJECT: CHARLES RIVER ASSOCIATES INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: F03000004224

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLO PEPE

(Name of Contact Person)

CRA INTERNATIONAL, INC.

(Firm/Company)

200 CLARENDON STREET, T-33

(Address)

BOSTON, MA 02116

(City/State and Zip Code)

For further information concerning this matter, please call:

TOMISLAV ZOVKO

(Name of Contact Person)

at (617) 425-6512

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTACHMENT 40060111

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F03000004224

(Document number of corporation (if known))

1. CHARLES RIVER ASSOCIATES INCORPORATED

(Name of corporation as it appears on the records of the Department of State)

2. MASSACHUSETTS

(Incorporated under laws of)

3. 08/18/2003

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 05/06/2005

5. CRA INTERNATIONAL, INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

WJ Mackie
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

WAYNE D MACKIE

(Typed or printed name of person signing)

CFO, EVP, TREASURER

(Title of person signing)

ATTACHMENT

40060111

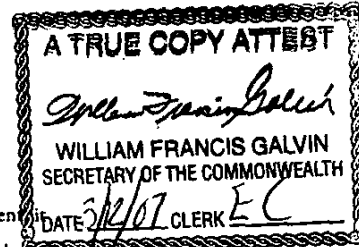
#F030000 4224

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COMMONWEALTH OF MASSACHUSETTS

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

Articles of Amendment
(General Laws, Chapter 156D, Section 10.06)



I hereby certify that upon examination of these Articles of Amendment it appears that the provisions of the General Laws relative thereto have been complied with, and the filing fee in the amount of \$200 having been paid, said articles are deemed to have been filed with me this 6th day of May 20 05 at 12:52 a.m./p.m.
time

Effective date: _____

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Examiner
RES/KB
Name approval

Filing fee: Minimum filing fee \$100.00 per article amended, stock increases \$100 per 100,000 shares plus \$100 for each additional 100,000 shares or any fraction thereof.

SECRETARY OF STATE
RECEIVED
JUN 14 - 6 PM 12:57
CORPORATE DIVISION

C

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TO BE FILLED IN BY CORPORATION

Contact Information:

Peter Rosenblum, Esq.

Foley Hoag LLP

155 Seaport Boulevard, Boston, MA 02210

Telephone: 617-832-1000

Email: pmr@foleyhoag.com

A copy of this filing will be available on-line at www.sec.state.ma.us/cor once the document is filed.