2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 DEC -8 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000000419

1. Entity Name
BCG OF MASSACHUSETTS, INC.

REINSTATEMENT 2008KS

Principal Place of Business	Mailing Address
EXCHANGE PLACE 6TH FLOOR BOSTON, MA 02110	EXCHANGE PLACE 6TH FLOOR BOSTON, MA 02110

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
One Beacon St	One Beacon St
Suite, Apt. #, etc. 10th Floor	Suite, Apt. #, etc. 10th Floor
City & State Boston MASS	City & State Boston MA
Zip 02108 Country SUFFOLK	Zip 02108 Country SUFFOLK

4. FEI Number
04-2432614
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ TRACI HOUCK SPECIAL ASSISTANT SECRETARY 11/14/08

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 January 1, 2009, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURKNER, HANS-PAUL 53 STATE STREET 6TH FLOOR BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Burkner, Hans Paul One Beacon St Boston MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRIS, LORI 53 STATE STREET 6TH FLOOR BOSTON, MA 02109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Harris, Lori One Beacon st Boston MA 02108	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABRAHAM, JAMES J-13/3, DLF PHASE 2 GURGAON 122 002, INDIA,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO, V, D Deborah Simpson One Beacon st Boston MA 02108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ACHHORNER, THOMAS JC BRANKSOME,3 TREGUNTER PATH HONG KONG,HONG KONG 0000,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AERNI, VICTOR HOHESTR 67A ZOLLIKON 8702, SWITZERLAND,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600138693465 12/08/08--01057--010 **158.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AGUIAR, MARCOS AV.DIOGENES,RIBIERO DE LIMA 2170 #83 SAL PAULO 05458-001 BRAZIL,	☐ 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: Lori Harris 12/01/08 617-850-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #