

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000004779

Entity Name: CUBELLIS ASSOCIATES, INC.

FILED
Nov 14, 2006
Secretary of State

Current Principal Place of Business:

711 ATLANTIC AVENUE
BOSTON, MA 02110

New Principal Place of Business:

Current Mailing Address:

711 ATLANTIC AVENUE
BOSTON, MA 02110

New Mailing Address:

FEI Number: 04-2944875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: CUBELLIS, LEONARD G
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: VCS () Delete
Name: PACKER, SUSAN M
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: RANKIN, RICHARD W
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: GIAMMARCO, NICHOLAS
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: VP () Delete
Name: BURNETT, RODNEY
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: CUBELLIS, LENORD G
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TRANT, JAMES E
Address: 711 ATLANTIC AVENUE
City-St-Zip: BOSTON, MA 02110

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORD G CUBELLIS

CPT

11/14/2006

Electronic Signature of Signing Officer or Director

Date