

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # F06000006816**

1. Entity Name  
**MINTZ, LEVIN, COHEN, FERRIS, GLOVSKY AND POPEO,  
P.C.**



Principal Place of Business  
**ONE FINANCIAL CENTER  
BOSTON, MA 02111**

Mailing Address  
**ONE FINANCIAL CENTER  
BOSTON, MA 02111**



05242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-2718459**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POPEO, R. ROBERT 1200 WEBSTER STREET NEEDHAM, MA 02492
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S URBAN, ANDREW R 61 PRESCOTT STREET NEWTON, MA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSENTHAL, STEVEN P 40 BARTLETT STREET MARBLEHEAD, MA 01945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARONSON, NEIL H 18 JUNIPER ROAD SHARON, MA 02067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLAN, JONATHAN 16 CARSTENSEN ROAD SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARMAK, DAVID 8924 BATTERY ROAD BETHESDA, MD 20814

U000000766048  
06/08/07-80001-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 empowerment.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/07

417-542-0070