

**2008 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

08 APR 30 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F07000003406  
1. Entity Name  
SANBORN, HEAD & ASSOCIATES, INC.



Principal Place of Business: 20 FOUNDRY STREET, CONCORD, NH 03301  
Mailing Address: 20 FOUNDRY STREET, CONCORD, NH 03301

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

Barcode  
04172008 Chg-P CR2E034 (12/06)  
4. FEI Number: 02-0463099 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR Is \$61.25  
9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |
|---|---------------------------------|--|--|
| TITLE: DV<br>NAME: CARR, DANIEL B<br>STREET ADDRESS: 95 HIGH STREET<br>CITY-ST-ZIP: PORTLAND, ME 04101              | <input type="checkbox"/> Delete | TITLE: Director/Associate Principal<br>NAME: David Shea<br>STREET ADDRESS: 20 Foundry Street<br>CITY-ST-ZIP: Concord, NH 03301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: DV<br>NAME: CHABOT, JAMES A<br>STREET ADDRESS: 20 FOUNDRY STREET<br>CITY-ST-ZIP: CONCORD, NH 03301           | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: DVS<br>NAME: CROCKETT, CHARLES A<br>STREET ADDRESS: 20 FOUNDRY STREET<br>CITY-ST-ZIP: CONCORD, NH 03301      | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: DV<br>NAME: DIPILATO, MATHEW A<br>STREET ADDRESS: 1 TECHNOLOGY PARK DRIVE<br>CITY-ST-ZIP: WESTFORD, MA 01886 | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: DT<br>NAME: SHILLABER, R. SCOTT<br>STREET ADDRESS: 20 FOUNDRY STREET<br>CITY-ST-ZIP: CONCORD, NH 03301       | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE: DP<br>NAME: HEAD, CHARLES L<br>STREET ADDRESS: 20 FOUNDRY STREET<br>CITY-ST-ZIP: CONCORD, NH 03301           | <input type="checkbox"/> Delete | TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>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: R. Scott Shillaber Date: 4/18/08 Daytime Phone #: 603-289-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS