


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000000510</b> 1. Entity Name S.C.H. OF MASSACHUSETTS, INC.	
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Principal Place of Business 2 BOURBON STREET 2ND FLOOR PEABODY, MA 01960 US	Mailing Address 2 BOURBON STREET 2ND FLOOR PEABODY, MA 01960 US
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**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3152723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000218132 02/07/05-80053-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NICHOLSON, WILLIAM A 2 BOURBON ST PEABODY, MA 019601384
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GLOVSKY, C. JOEL 7 LONGRIDGE LANE IPSWICH, MA 01938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEBHER, HEATHER 4 CURTIS ST ROCKPORT, MA 01966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLISTER, CHRISTOPHER 8402 STERLING BRIDGE RD CHAPEL HILL, NC 27516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLSON, WILLIAM A 2 BOURBON STREET PEABODY, MA 01960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVSKY, C. JOEL 7 LONG RIDGE LANE IPSWICH, MA 01938

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2-2-05</u>	Daytime Phone # <u>(928) 535-6700</u>
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