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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001661 (8)**

1. Corporation Name
NORTHEAST ENERGY SERVICES, INC.

Principal Place of Business	Mailing Address
POINT WEST PLACE 111 SPEEN STREET, SUITE 500 FRAMINGHAM MA 01701	POINT WEST PLACE 111 SPEEN STREET, SUITE 500 FRAMINGHAM MA 01701-2090

3. Date Incorporated or Qualified: 04/05/1993
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business — 21
Sure, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: 04-3067182 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	SAKELLIS, GEORGE P	1.2 NAME	SAKELLARIS, GEORGE P.
STREET ADDRESS	64 BRUNSWICK STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY MA 02171	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, JOSEPH E	2.2 NAME	
STREET ADDRESS	26 SHIPMAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	2.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTONGUAY, MICHAEL R	3.2 NAME	
STREET ADDRESS	3 CASTLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA 01720	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, DAVID J	4.2 NAME	
STREET ADDRESS	59 WESTHAVEN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROCKTON MA 02401	4.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, JOHN D	5.2 NAME	
STREET ADDRESS	256 ROBERT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARLBORO MA 01752	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RIZZO, JOHN J	6.2 NAME	
STREET ADDRESS	56 THERESA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOONSOCKET RI 02895	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: John D Martin JOHN D. MARTIN, V.P./TREASURER 2/28/97 5088752253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #