FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000002812 (6)

1. Corporation Name

SUMNER SCHEIN ARCHITECTS AND ENGINEERS, INC.

Principal Place of Business	Mailing Address
23 EAST STREET CAMBRIDGE MA 02141-1215	23 EAST STREET CAMBRIDGE MA 02141-1215

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1993	03/16/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 04-3177805	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIN, STEPHEN B	1.2 NAME	
STREET ADDRESS	10 ROGERS ST UNIT 1206	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, RICHARD J	2.2 NAME	
STREET ADDRESS	874 SOUTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEWKSBURY MA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TRANT, JAMES E	3.2 NAME	
STREET ADDRESS	7 CANTERBURY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICA MA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHEIN, SUMNER	4.2 NAME	
STREET ADDRESS	64 ARLINGTON ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	GORDY, HOWELL A	5.2 NAME	
STREET ADDRESS	72 HOWARD ST., #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, RUSSELL K	6.2 NAME	
STREET ADDRESS	6 BALSAM DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, added or deleted in connection with an address.

SIGNATURE: Stephen B. Schein Stephen B. Schein, DPT 2/27/95 617-225-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303000 FP