

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 037 ***150.00

DOCUMENT # F94000003737

1. Entity Name
Cambria Consulting, INC.

80062064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One Bowdoin Square

3. Mailing Address

Suite, Apt. #, etc.
9th Floor

Suite, Apt. #, etc.

City & State
Boston, MA

City & State

Zip
02114

Country

Zip

Country

4. FEI Number
04-2855445

Applied For
Not Applicable

5. Certificate of Status Desired **\$0.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

See Attached Document

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD J CULLEN

TREASURER 2/28/02 675237500

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
NH F9400003737
B0062064

DIRECTORS & OFFICERS

NAME SOCIAL SECURITY DATE OF BIRTH	TITLE, effective 1/1/97	RESIDENCE ADDRESS
Bernard J. Cullen 09/21/49	Treasurer, Director	283 Wethersfield St., Rowley, MA
John W. Hendrickson 06/30/53	Vice President, Director	38 Lorena Road, Winchester, MA
George O. Klemp 03/01/46	President, Director	63 Edgewater Commons Lane, Westport, CT 06880
Ellen N. Kumata 09/13/48	Vice President, Director	17 Shepard Street, Cambridge, MA
Stephen F. Neubert 01/19/45	Clerk, Director	234 Main Street, Medford, MA
Mary Lou Schaalman 05/02/53	Vice President, Director	85 Hillside Road, N. Andover, MA

Business address for all the above:

One Bowdoin Square
Boston, MA 02114