## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # F96000002319 SHOOSHANIAN ENGINEERING ASSOCIATES, INC. 01-29-2001 90161 013 \*\*\*150.00 Principal Place of Business Mailing Address 330 CONGRESS STREET 330 CONGRESS STREET BOSTON MA 02210-1216 BOSTON MA 02210-1216 2. Principal Place of Business 3. Mailing Address 88 Black Falcon Avenue 88 Black Falcon Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 210 Suite 210 City & State City & State 4. FEI Number Applied For 04-2461926 Boston, MA Boston, MA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 02210 USA 02210 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Stephen J. Ritchie SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE XX Change GRACILIERI, ROBERT A P.E. NAME 330 CONGRESS STREET STREET ADDRESS STREET ADDRESS 88 Black Falcon Avenue, Suite 210 CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02210-1216** Boston, MA 02210 STVD TITLE ☐ Delete TITLE RITCHIE, STEPHEN J NAME NAME 88 Black Falcon Avenue, Suite 210 STREET ADDRESS 330 CONGRESS STREET STREET ADDRESS Boston, MA 02210 CITY-ST-ZIP BOSTON MA 02210-1216 CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete KAITZ, EDWARD NAME NAME 23 RUTHELLEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE **HOLLISTON MA 01746** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Ritchie

210-1600