

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0571872 AT

DOCUMENT # F97000000974

1. Entity Name
DIGIORGIO ASSOCIATES INC.

04-01-2002 90028 029 ***150.00

Principal Place of Business
225 FRIEND STREET
BOSTON MA 02114

Mailing Address
225 FRIEND STREET
BOSTON MA 02114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

04-2842901

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

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.

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PCD
DIGIORGIO, DOMENIC
33 MORRISON AVE
STONEHAM MA 02180

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
Steve H. Kovacs
37 Stone Church Road
Tiverton, RI 02878

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
WEAVER, JOHN W
6 COUNTRY WAY
HOPKINGTON MA 01748

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
John Zychowicz, Jr.
8 Morton Terrace
Milton, MA 02186

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
LESPERANCE, MARIE
5 ERIE STREET
WOBURN MA 01801

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
KOVACS, STEVE H
37 STONE CHURCH RD
TIVERTON RI 02878

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
HUGHES, JOHN D
11 CHIPPE WA ROAD
WESTFORD MA 01886

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
LEONARD, DONALD P
41 MITCHELL G DR
TEWKSBURY MA 01876

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Weaver

3/20/02
 Date

617/723-7100
 Daytime Phone #

CR2E034 (9/01)