

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000974

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** DIGIORGIO ASSOCIATES INC.

**Current Principal Place of Business:**

225 FRIEND STREET  
BOSTON, MA 02114

**New Principal Place of Business:**

**Current Mailing Address:**

225 FRIEND STREET  
BOSTON, MA 02114

**New Mailing Address:**

**FEI Number:** 04-2842901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DIGIORGIO, DOMENIC  
Address: 33 MORRISON AVE  
City-St-Zip: STONEHAM, MA 02180

Title: TD  
Name: WEAVER, JOHN W  
Address: 6 COUNTRY WAY  
City-St-Zip: HOPKINTON, MA 01748

Title: SD  
Name: KOVACS, STEVE H  
Address: 37 STONE CHURCH RD  
City-St-Zip: TIVERTON, RI 02878

Title: D  
Name: HUGHES, JOHN D  
Address: 11 CHIPPEWA ROAD  
City-St-Zip: WESTFORD, MA 01886

Title: D  
Name: LEONARD, DONALD P  
Address: 41 MITCHELL G DR  
City-St-Zip: TEWKSBURY, MA 01876

Title: D  
Name: ZYCHOWICZ, JOHN JR  
Address: 8 MORTON TERR  
City-St-Zip: MILTON, MA 02186

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOMENIC DIGIORGIO

PD

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date