2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000003511

1. Entity Name
SUMMIT SERVICES GROUP, INC.

Principal Place of Business
2310 WASHINGTON STREET
SUITE 100
NEWTON, MA 02462-1449

Mailing Address
2310 WASHINGTON STREET
SUITE 100
NEWTON, MA 02462-1449

01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3118342 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCTD
NAME	CUZZUPOLI, JOSEPH
STREET ADDRESS	10 OLD COLONY RD
CITY-ST-ZIP	WESTON, MA
TITLE	VD
NAME	BULLOCK, JOSEPH
STREET ADDRESS	226 COMMONWEALTH AVE
CITY-ST-ZIP	BOSTON, MA
TITLE	D
NAME	HIXON, THOMAS
STREET ADDRESS	2310 WASHINGTON STREET, SUITE 100
CITY-ST-ZIP	NEWTON, MA 02462
TITLE	D
NAME	PRITCHARD, STINTON
STREET ADDRESS	2310 WASHINGTON STREET
CITY-ST-ZIP	NEWTON, MA 024621449
TITLE	DIR
NAME	CHANG, BENJAMIN
STREET ADDRESS	2310 WASHINGTON STREET
CITY-ST-ZIP	NEWTON, MA 024621449
TITLE	CFO
NAME	FRENI, LAWRENCE
STREET ADDRESS	2310 WASHINGTON STREET
CITY-ST-ZIP	NEWTON, MA 024621449

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04/23/05-80013-005 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lawrence Cofrini 1/6/05 617-964-3700 x2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #