2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005037

Address:

City-St-Zip:

5047 MASS AVENUE NW

WASHINGTON, DC 20016

FILED Apr 29, 2005 Secretary of State

Entity Name: DSG STRATEGIES, INC. **Current Principal Place of Business: New Principal Place of Business:** ONE BEACON STREET, SUITE 1320 100 CAMBRIDGE STREET BOSTON, MA 02108 SUITE 1301 BOSTON, MA 02114 **Current Mailing Address: New Mailing Address:** 1001 G. STREET NW STE 300 EAST WASHINGTON, DC 20001 FEI Number: 04-3197854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUTHERLAND, CRAIG SUTHERLAND, CRAIG 201 E. KENNEDY BLVD #950 442 W. KENNEDY BLVD. TAMPA, FL 33602 SUITE 240 TAMPA, FL 33606 US 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: CRAIG SUTHERLAND 04/29/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAMPION, CHARLES Name: Name: 284 DEAN ROAD Address: Address: City-St-Zip: BROOKLINE, MA 02445 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BAKER, CHARLES A III Name: 179 CLINTON ROAD Address: Address: BROOKLINE, MA 02445 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition WHOULEY, MICHAEL Name: Name: 208 CENTER STREET Address: Address: City-St-Zip: DANVERS, MA 01923 City-St-Zip: Title: () Delete Title: () Change () Addition MCLEAN, CATHERINE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CHARLES CAMPION D 04/29/2005