

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005037

FILED
Jan 25, 2008
Secretary of State

Entity Name: CAMBRIDGE STREET CONSULTING, INC.

Current Principal Place of Business:

100 CAMBRIDGE STREET
SUITE 1301
BOSTON, MA 02114

New Principal Place of Business:

Current Mailing Address:

1001 G. STREET NW
STE 400 EAST
WASHINGTON, DC 20001

New Mailing Address:

FEI Number: 04-3197854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, CRAIG
442 W. KENNEDY BLVD.
SUITE 240
TAMPA, FL 33606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMPION, CHARLES
Address: 284 DEAN ROAD
City-St-Zip: BROOKLINE, MA 02445

Title: C () Delete
Name: BAKER, CHARLES A III
Address: 179 CLINTON ROAD
City-St-Zip: BROOKLINE, MA 02445

Title: D () Delete
Name: WHOULEY, MICHAEL
Address: 208 CENTER STREET
City-St-Zip: DANVERS, MA 01923

Title: D () Delete
Name: MCLEAN, CATHERINE
Address: 5047 MASS AVENUE NW
City-St-Zip: WASHINGTON, DC 20016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ELINOR GRUBER

DIR

01/25/2008

Electronic Signature of Signing Officer or Director

_____ Date