2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90004 005 ***550.00

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1. Entity Name
RENAISSANCE GOVERNMENT SOLUTIONS, INC.

Principal Place of Business	Mailing Address
189 WELLS AVE. NEWTON MA 02459	189 WELLS AVE. NEWTON MA 02459-3316

[redacted]
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
52 Second Avenue	52 Second Avenue
Suite, Apt. #, etc. MS4-8	Suite, Apt. #, etc. MS4-8
City & State Waltham, MA	City & State Waltham, MA
Zip 02451 Country	Zip 02451 Country

4. FEI Number 59-2957887 ☐ Applied For ☐ Not Applicable

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
CT 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) ☐

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	PD CONWAY, G. DREW 189 WELLS AVE. NEWTON MA 02459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDV FOLEY, ROBERT E 189 WELLS AVE. NEWTON MA 02459	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDV PESCE, JOSEPH F. 52 SECOND AVENUE WALTHAM, MA 02451	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV BUGLEY, RICHARD L 189 WELLS AVE. NEWTON MA 02459	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDV GUIFFRE, CHRISTOPHER D.T. 52 SECOND AVENUE WALTHAM, MA 02451	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Christopher D.T. Guiffre 5/1/00 781-290-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #