

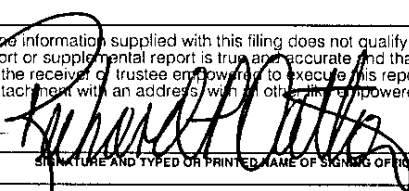


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90042 019 \*\*\*150.00

<b>DOCUMENT # G41583</b> 1. Entity Name <b>WESTFOUR, INC.</b>					
Principal Place of Business <b>284 NEWBURY ST BOSTON, MA 02115 US</b>			Mailing Address <b>284 NEWBURY ST BOSTON, MA 02115 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>04-2795814</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>02232005    Chg-P    CR2E034 (10/03)</span>  </div>					
6. Name and Address of Current Registered Agent  <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARKIS, CHARLES F. <input type="checkbox"/> Delete 287 COMMONWEALTH AVE. BOSTON, MA 02115		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles F. Sarkis 284 Newbury Street Boston, MA 02115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete HARTZFELD, MARK L 755 BOYLSTON ST., STE 501 BOSTON, MA 02116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP/T/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard P. Dalton 284 Newbury Street Boston, MA 02115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <input checked="" type="checkbox"/> Delete BISSAILLON, FRANCIS P. 16 BEACH ROAD WEST FALMOUTH, MA 02574		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ciampa, Robert J. 284 Newbury Street Boston, MA 02115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete CIAMPA, ROBERT J 35 TRAVIS RD NATICK, MA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ann Marie Lagrotteria 284 Newbury Street Boston, MA 02115	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other, if empowered.					
SIGNATURE: 			Date: <b>3/1/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		