

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 APR 13 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002314 1. Entity Name VERITUDE LLC					
Principal Place of Business 82 DEVONSHIRE ST., #F7B BOSTON, MA 02109			Mailing Address 82 DEVONSHIRE ST., #F7B BOSTON, MA 02109		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 04-3535482				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMX Director/Vice President LIGHT, MICHAEL R 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William C. Carey 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMX Director WATTS, LAUREL M 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paul L. Mucci 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO <input type="checkbox"/> Delete CIPOLLA, VIN 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guy L. Patton 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete FREEDMAN, JAY 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan Sturdy 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GERVIS, ROBERT M 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Hammond 82 Devonshire ST. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HEATON, DONALD S 82 DEVONSHIRE ST. BOSTON, MA 02109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000050817810 04/15/05--01006--002 **50.00 </div>		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Susan Sturdy</u> 4/14/05 (617) 563-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Susan Sturdy, Assistant Secretary