


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000044057</b> 1. Entity Name SL UNO UNIVERSITY BLVD., INC.	
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Principal Place of Business 100 CHARLES PARK RD. WEST ROXBURY, MA 02132	Mailing Address 100 CHARLES PARK RD. WEST ROXBURY, MA 02132
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<b>DO NOT WRITE IN THIS SPACE</b>
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01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1619018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000183856 01/20/05-80005-021 150.00
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MACPHALL, PAUL W 100 CHARLES PARK ROAD WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, AARON D 100 CHARLES PARK ROAD WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT VINCENT, ROBERT M 100 CHARLES PARK ROAD WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BINDER, RICHARD A 100 CHARLES PARK ROAD WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HERZ, GEORGE W II 100 CHARLES PARK ROAD WEST ROXBURY, MA 02132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

**SIGNATURE:** Richard A. Binder Richard A. Binder, Asst. Secretary 01/11/05 617-323-9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #