

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # **P14454** (3)

1. Corporation Name

VANASSE HANGEN BRUSTLIN, INC.



Principal Place of Business

101 WALNUT ST.
P O BOX 9151
WATERTOWN MA 02272

Mailing Address

101 WALNUT ST.
P O BOX 9151
WATERTOWN MA 02272

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

TAYLOR, JOHN H
135 WEST CENTRAL BOULEVARD
SUITE 1150
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

05/14/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

04-2931679

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and state of residence)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HANGEN, RICHARD E.	
STREET ADDRESS	22 FARM STREET	
CITY- ST- ZIP	MEDFIELD MA	
TITLE	ACD	<input type="checkbox"/> DELETE
NAME	BOHN, DAVID A.	
STREET ADDRESS	5 PEACOCK HILL	
CITY- ST- ZIP	SHARON MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRUSTLIN, ROBERT S.	
STREET ADDRESS	19 SHEFFIELD ROAD	
CITY- ST- ZIP	BOXFORD MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENNEDY, JOHN J.	
STREET ADDRESS	98 WAYSIDE INN ROAD	
CITY- ST- ZIP	FRAMINGHAM MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROACHE, WILLIAM J.	
STREET ADDRESS	38 GROVE STREET	
CITY- ST- ZIP	NORFOLK MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	D'ANGELO, JAMES D.	
STREET ADDRESS	152 MILL ROAD	
CITY- ST- ZIP	NORTH ANDOVER MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'Callaghan, Francis	
1.3 STREET ADDRESS	81 Watervale Road	
1.4 CITY- ST- ZIP	Medford, MA 02155	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vokes, Robert R.	
2.3 STREET ADDRESS	1 Juniper Street	
2.4 CITY- ST- ZIP	Hudson, NH 03051	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thompson, Ronald E.	
3.3 STREET ADDRESS	37 Appalossa Drive	
3.4 CITY- ST- ZIP	Methuen, MA 01844	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fuda, James L.	
4.3 STREET ADDRESS	76 Hemlock Drive	
4.4 CITY- ST- ZIP	Norwell, MA 02061	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Feinstein, Jonathan	
5.3 STREET ADDRESS	38 Constitution Drive	
5.4 CITY- ST- ZIP	Southboro, MA 01772	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Vokes

ROBERT R. VOKES

3/18/96 (617) 924-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)