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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 02272-9151



3. Date Incorporated or Qualified  
05/14/1987

3a. Date of Last Report  
03/27/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc:

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc:

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name James R. Auitabile  
82 Street Address (P.O. Box Number is Not Acceptable)  
111 Cherry Creek Circle  
83  
84 City Winter Springs FL 85 Zip Code 32708

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 *James R. Auitabile*

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/97

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE <input type="checkbox"/>
NAME	O'CALLAGHAN, FRANCIS	
STREET ADDRESS	81 WATERSIDE ROAD	
CITY - ST - ZIP	MEDFORD MA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	VOKES, ROBERT R	
STREET ADDRESS	1 JUNIPER STREET	
CITY - ST - ZIP	HUDSON NH	
TITLE	D	DELETE <input type="checkbox"/>
NAME	THOMPSON, RONALD E	
STREET ADDRESS	37 APPALOSSA DRIVE	
CITY - ST - ZIP	METHUEN MA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	FEINSTEIN, JONATHAN	
STREET ADDRESS	38 CONSTITUTION DRIVE	
CITY - ST - ZIP	SOUTHBORO MA	
TITLE	D	DELETE <input type="checkbox"/>
NAME	ROACHE, WILLIAM J.	
STREET ADDRESS	38 GROVE STREET	
CITY - ST - ZIP	NORFOLK MA	
TITLE	D	DELETE <input type="checkbox"/>
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	P/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME	Hangen, Richard	
1.3 STREET ADDRESS	22 Farm Street	
1.4 CITY - ST - ZIP	Medfield, MA	
2.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME	Brustlin, Robert	
2.3 STREET ADDRESS	19 Sheffield Road	
2.4 CITY - ST - ZIP	Boxford, MA	
3.1 TITLE	S/D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME	Bohn, David	
3.3 STREET ADDRESS	5 Peacock Hill	
3.4 CITY - ST - ZIP	Sharon, MA	
4.1 TITLE	D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
4.2 NAME	Standley, Lisa	
4.3 STREET ADDRESS	12 Longfellow Road	
4.4 CITY - ST - ZIP	Needham, MA	
5.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert R. Vokes

January 29, 1997 617 924-1770  
Date Daytime Phone #

CR2E034 (9/96)