

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90007 003 ***550.00

DOCUMENT # P14454
Entity Name VANASSE HANGEN BRUSTLIN, INC.

Principal Place of Business
 101 Walnut Street
 P.O. Box 9151
 Watertown, MA 02471-9051

Mailing Address
 101 Walnut Street
 P.O. Box 9151
 Watertown, MA 02471-9151

1. Principal Place of Business same
2. Mailing Address same
3. Suite, Apt. #, etc. same
4. City & State same
5. Zip 02471-9151 **Country** same

6. FEI Number 04-2931679
7. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

00056148

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent
 Avitabile James R
 111 Cherry Creek Circle
 Winter Springs, FL 32708

7. Name and Address of New Registered Agent
Name Dale A. Crosby
Street Address (P.O. Box Number is Not Acceptable)
 7804 White Ash Street
City Orlando **FL** **Zip Code** 32819

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.

SIGNATURE *[Signature]* **5/14/01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
FILE NOW!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	O'CALLAGHAN, FRANCIS	NAME	
STREET ADDRESS	81 WATERVALE ROAD	STREET ADDRESS	
CITY-ST-ZIP	MEDFORD, MA	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VOKES, ROBERT R	NAME	
STREET ADDRESS	1 JUNIPER STREET	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HUDSON, NH	NAME	
STREET ADDRESS	JONATHAN FEINSTEIN	STREET ADDRESS	
CITY-ST-ZIP	38 CONSTITUTION DRIVE	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOUTHBORO, MA	NAME	
STREET ADDRESS	ROACHE, WILLIAM	STREET ADDRESS	
CITY-ST-ZIP	38 GROVE STREET	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NORFOLK, MA	NAME	
STREET ADDRESS	Treasurer - John B. Jackson	STREET ADDRESS	
CITY-ST-ZIP	22 School House Lane	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	D'ANGELO, James	NAME	
STREET ADDRESS	152 MILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	NORTH ANDOVER, MA	CITY-ST-ZIP	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Treasurer** **5/7/01** **617-924-1770**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/00)