

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P14454

1. Entity Name
VANASSE HANGEN BRUSTLIN, INC.



Principal Place of Business

**101 WALNUT ST.
P O BOX 9151
WATERTOWN, MA 02471**

Mailing Address

**101 WALNUT ST.
P O BOX 9151
WATERTOWN, MA 02471**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-2931679

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CROSBY, DALE A
7804 WHITE ASH ST
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
O'CALLAGHAN, FRANCIS
81 WATERVALE RD
MEDFORD, MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
VOKES, ROBERT R
1 JUNIPER ST
HUDSON, NH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FEINSTEIN, JONATHAN
38 CONSTITUTION DR
SOUTHBORO, MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
JACKSON, JOHN B
22 SCHOOL HOUSE LN
HINGHAM, MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROACHE, WILLIAM J.
38 GROVE STREET
NORFOLK, MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000005473
01/15/04-80052-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.6.04

617924-1770

Date

Daytime Phone #