


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P14454 1. Entity Name VANASSE HANGEN BRUSTLIN, INC.	
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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
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2931679	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CROSBY, DALE A 7804 WHITE ASH ST ORLANDO, FL 32819
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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-STATE-ZIP	D O'CALLAGHAN, FRANCIS 81 WATERVALE RD MEDFORD, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D VOKES, ROBERT R 1 JUNIPER ST HUDSON, NH
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FEINSTEIN, JONATHAN 38 CONSTITUTION DR SOUTHBORO, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T JACKSON, JOHN B 22 SCHOOL HOUSE LN HINGHAM, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROACHE, WILLIAM J. 38 GROVE STREET NORFOLK, MA
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

100000440375
03/09/06 00014-001 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **John B. JACKSON** 617-924.1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #