

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17120

FILED  
Apr 26, 2011  
Secretary of State

**Entity Name:** CASCADE DISABILITY MANAGEMENT, INC.

**Current Principal Place of Business:**

4601 NE 77TH AVE #250  
VANCOUVER, WA 98662

**New Principal Place of Business:**

**Current Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116

**New Mailing Address:**

**FEI Number:** 91-1358276

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOUNVIRI, DAVID T  
Address: 175 BERKELEY ST  
City-St-Zip: BOSTON, MA 02116

Title: SEC  
Name: LEGG, DEXTER R  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02116

Title: T  
Name: LANGWELL, DENNIS J  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02116

Title: DCOB  
Name: PEIRCE, CHRISTOPHER L  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02116

Title: D  
Name: KELLEHER, JAMES F  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02116

Title: ASEC  
Name: CIOTTI, KRISTIN K  
Address: 175 BERKELEY ST.  
City-St-Zip: BOSTON, MA 02116

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN K. CIOTTI

ASEC

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date