2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28635

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

BOSTON, MA 02109

FIORE, CAROLE A

111 DEVONSHIRE ST

BOSTON, MA 02109

() Delete

FILED Apr 26, 2006 Secretary of State

Entity Nan	ne: MOORS&	CABOT, INC.			•	
Current Principal Place of Business:			New P	New Principal Place of Business:		
111 DEVON BOSTON, N	NSHIRE STREE MA 02109	ΞΤ				
Current Mailing Address:			New Mailing Address:			
111 DEVON BOSTON, N	NSHIRE STREE MA 02109	ΞΤ				
FEI Number:	04-2644548	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				and Address	of New Registered Agent:	
STE C1012	BEACH LAKE					
The above in the State		ubmits this statement for the p	ourpose of changi	ng its register	ed office or registered agent, or both,	
SIGNATUR	!E:					
Electronic Signature of Registered Agent					Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDIT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SARKISIAN, HER 111 DEVONSHIR BOSTON, MA 02	E ST 2109	Title: Name: Address City-St-2	ip: MIAMI, FL	CKEL BAY DRIVE #2008 33131	
Title: Name: Address: City-St-Zip:	P () [JOYCE, DANIEL 111 DEVONSHIR BOSTON, MA 02	E ST	Title: Name: Address City-St-2			
Title: Name: Address: City-St-Zip:	D ()[CLARKE, GEORG 111 DEVONSHIR BOSTON, MA 02	E ST	Title: Name: Address City-St-Z			
Title: Name: Address:	T () [SARKISIAN, HER 111 DEVONSHIR		Title: Name: Address	S MANNING 108 WEST	(X) Change()Addition , LILLIAN F THIRD STREET	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SO BOSTON, MA 02127

31 PENNIMAN TERRACE

BRAINTREE, MA 02184

FOLEY, BRIAN

(X) Change () Addition

SIGNATURE: LILLIAN MANNING S 04/26/2006