2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P29721** Jan 24, 2000 8:00 am 1. Entity Name Secretary of State SIMPSON GUMPERTZ & HEGER INC. 01-24-2000 90023 043 ***150.00 Principal Place of Business Mailing Address 297 BROADWAY 297 BROADWAY ARLINGTON MA 02474 ARLINGTON MA 02474-5310 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 04-2256923 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. 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 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE SCHWARTZ, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS **5 WIRTHMORE LANE** CITY-ST-ZIP CITY-ST-ZIP LYNNFIELD MA 01940 Ð ☐ Addition TITLE K Change TITLE ☐ Delete **NEVINS, JOHN W** Nevins, John W. NAME STREET ADDRESS 155 HIGH STREET STREET ADDRESS 155 High Street CITY-ST-ZIP CITY-ST-ZIP Winchester, MA 01890 **WINCHESTER MA 01890** Change Addition ☐ Delete TITI F TITLE Gleńn R. Bell ANTEBI, JOSEPH NAME 11 Partridge Pond Road STREET ADDRESS STREET ADDRESS 5 DUNSTABLE RD CITY-ST-ZIP Acton, MA CITY-ST-ZIP CAMBRIDGE MA 02138 C, D ☐ Change Addition ☐ Delete TITLE TITLE Howard Simpson NAME NAME STREET ADDRESS 67 Turning Mill Road STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP Lexington, MA 02420 ☐ Change **X** Addition TIT! F S, D. TITLE ☐ Delete NAME Dean A. Rutila NAME STREET ADDRESS STREET ADDRESS 8 Belfry Terrace CITY-ST-ZIP CITY-ST-ZIP Lexington, IIA 02420 X Addition TITLE ☐ Change ☐ Delete Joseph J. Zona NAME *SEE ATTACHED STREET ADDRESS 81 Wachusett Avenue STREET ADDRESS

13. 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Joseph J. D NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Arlington, MA 02474

781-643-2000