

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P33907	
1. Entity Name CORPORATEFAMILY SOLUTIONS, INC.	



SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 9:12

REINSTATEMENT 06



Principal Place of Business 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472 US	Mailing Address 200 TALCOTT AVENUE SOUTH WATERTOWN, PA 02472 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt # etc
City & State	City & State
Zip	Country

09272006 REIN-P CR2E098 (11/05)

4. FEI Number 62-1302117	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  CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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7. Name and Address of New Registered Agent
Name
Street Address (P O Box Number is Not Acceptable)
City
FL 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. I am familiar with, and accept the obligations of registered agent	
SIGNATURE <u>Dolores Burton</u> Signature typed or printed name of registered agent and title if applicable	Dolores Burton, Assistant Vice President (NOTE: Registered Agent signature required when reinstating)
	9/27/06 DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DREIER, STEPHEN 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100080314851 09/29/06--01072--002 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLAND, ELIZABETH 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOCIO, MARY ANN 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LISSY, DAVID 200 TALCOTT AVENUE SOUTH WATERTOWN, MA 02472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	September 27 2006 (617) 673-8000 Date Daytime Phone