

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91469 047 \*\*\*150.00

**DOCUMENT # P33907**

1. Entity Name  
**CORPORATEFAMILY SOLUTIONS, INC.**



Principal Place of Business  
**200 TALCOTT AVENUE SOUTH  
WATERTOWN, MA 02472 US**

Mailing Address  
**PO BOX 9177  
WATERTOWN, PA 0241-177 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**62-1302117**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

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

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SCD** ☒ Delete  
NAME **DREIER, STEVE**  
STREET ADDRESS **ONE KENDALL SQ., BLDG. 200, STE. 223**  
CITY-ST-ZIP **CAMBRIDGE, MA 02139**

TITLE **TCFO** ☒ Delete  
NAME **BOLAND, ELIZABETH**  
STREET ADDRESS **ONE KENDALL SQ., BLDG. 200, STE. 223**  
CITY-ST-ZIP **CAMBRIDGE, MA 02139**

TITLE **PD** ☒ Delete  
NAME **TOCIO, MARY ANN**  
STREET ADDRESS **ONE KENDALL SQ BLDG 200 STE 223**  
CITY-ST-ZIP **CAMBRIDGE, MA 02139**

TITLE **CEOD** ☐ Delete  
NAME **LISSY, DAVID**  
STREET ADDRESS **200 TALCOTT AVE SOUTH**  
CITY-ST-ZIP **WATERTOWN, MA 02472**

TITLE **SECRETARY, CAO, & DIRECTOR** ☒ Change ☐ Addition  
NAME **STEPHEN DREIER**  
STREET ADDRESS **200 TALCOTT AVE. SO.**  
CITY-ST-ZIP **WATERTOWN, MA 02472**

TITLE **TREASURER & CFO** ☒ Change ☐ Addition  
NAME **ELIZABETH BOLAND**  
STREET ADDRESS **200 TALCOTT AVE. SO.**  
CITY-ST-ZIP **WATERTOWN, MA 02472**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELIZABETH BOLAND**

Date

Daytime Phone #

**4/22/03**

**617-673-8000**

CR2E034 (10/02)