2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# P36803

Entity Name: ABT ASSOCIATES INC.

Current Principal Place of Business:

55 WHEELER ST.
CAMBRIDGE, MA 02138

New Principal Place of Business:

Current Mailing Address:

55 WHEELER ST.
CAMBRIDGE, MA 02138

New Mailing Address:

FEI Number: 04-2347643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: ABT, CLARK C.,
Address: 19 FOLLEN STREET
City-St-Zip: CAMBRIDGE, MA

Title: PT ( ) Delete
Name: KNOX, WENDELL
Address: 4 LAUREL DRIVE
City-St-Zip: LINCOLN, MA 01773

Title: S ( ) Delete
Name: FINN, TERRY
Address: 101 FEDERAL ST 23RD FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VP ( ) Delete
Name: LOESER, DAVID
Address: 167 TOWER AVENUE
City-St-Zip: NEEDHAM, MA 02194

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change ( ) Addition
Name: KNOX, WENDELL
Address: 4 LAUREL DRIVE
City-St-Zip: LINCOLN, MA 01773

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID L. LOESER VP 01/12/2006
Electronic Signature of Signing Officer or Director — Date