2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2002 8:00 AM
Secretary of State

DOCUMENT# P38204

Entity Name: CANTELLA & CO., INC.

Current Principal Place of Business:

2 OLIVER STREET
BOSTON, MA 02109

New Principal Place of Business:

2 OLIVER STREET
11TH FL
BOSTON, MA 02109

Current Mailing Address:

2 OLIVER STREET
BOSTON, MA 02109

New Mailing Address:

2 OLIVER STREET
11TH FL
BOSTON, MA 02109

FEI Number: 04-2670968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWELL, PETER F
2074 CENTRE POINTE BLVD
SUITE 100
TALLAHASSEE, FL 32308 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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CANTELLA, DAVID	
Address:	12 TENNESSEE AVE	
City-St-Zip:	NANTUCKET, MA 02554	
Title:	PD	( ) Delete
Name:	FREEMAN, JAMES M	
Address:	109 PROSPECT ST	
City-St-Zip:	NEWBURYPORT, MA 01950	
Title:	V	( ) Delete
Name:	POWERS, GERALD H	
Address:	18 OLD RANDOLPH ST.	
City-St-Zip:	CANTON, MA	
Title:	C	( ) Delete
Name:	CANTELLA, VINCENT	
Address:	635 LEWIS WHARF	
City-St-Zip:	BOSTON, MA 02110	
Title:	SVP	(X) Delete
Name:	SURPRENANT, DENNIS R	
Address:	85 E. BLUFF RD	
City-St-Zip:	ASHLAND, MA 01721	
Title:	SVP	(X) Delete
Name:	PURDY, DEBORAH A	
Address:	15 CARNEY ST	
City-St-Zip:	MEDFORD, MA 02155	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	NSM	(X) Change ( ) Addition
Name:	FREEMAN, JAMES M	
Address:	109 PROSPECT ST	
City-St-Zip:	NEWBURYPORT, MA 01950	
Title:	PD	(X) Change ( ) Addition
Name:	PHILIP, MCMORROW	
Address:	18 CLEMENTI LANE	
City-St-Zip:	METHUEN, MA 01844	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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 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: PHILIP MCMORROW PD 03/01/2002

Electronic Signature of Signing Officer or Director — Date