

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90072 028 \*\*\*150.00

0594906

**DOCUMENT # P39985**

1. Entity Name  
**EPRESENCE, INC.**

Principal Place of Business  
**120 FLANDERS RD**  
**WESTBORO MA 01581**

Mailing Address  
**120 FLANDERS RD**  
**WESTBORO MA 01581**

717273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2798394**  
 Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERRY, WILLIAM P			NAME			
STREET ADDRESS	45 BISHOPS FOREST			STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURTON, JOHN F			NAME			
STREET ADDRESS	1110 HARVEY ROAD			STREET ADDRESS			
CITY-ST-ZIP	MCLEAN VA 22101			CITY-ST-ZIP			
TITLE	AT	<input type="checkbox"/> Delete		TITLE	Senior Vice Pres & Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPAULDING, RICHARD			NAME			
STREET ADDRESS	66 SOLON STREET			STREET ADDRESS			
CITY-ST-ZIP	NEWTON MA			CITY-ST-ZIP			
TITLE	SVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BURKE, ROBERT D			NAME			
STREET ADDRESS	30 ALLEN CIR			STREET ADDRESS			
CITY-ST-ZIP	BOXFORD MA 01921			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Albert A. Nativio	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAHONEY, DAVID C			NAME	G Pomeroy Road		
STREET ADDRESS	103 JIMMEY DRIVE			STREET ADDRESS	Andover MA 01810		
CITY-ST-ZIP	WESTFORD MA			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLANTUONI, ANTHONY			NAME			
STREET ADDRESS	37 WOODLAND DR			STREET ADDRESS			
CITY-ST-ZIP	NASHUA NH 03063-2059			CITY-ST-ZIP			

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.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date **2/7/01** Daytime Phone #

CR2E034 (10/00)