

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90378 016 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2798394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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	P	<input type="checkbox"/> Delete
NAME	FERRY, WILLIAM P	
STREET ADDRESS	11 ELIOT ST.	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, JOHN F	
STREET ADDRESS	1110 HARVEY ROAD	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SPAULDING, RICHARD	
STREET ADDRESS	66 SOLON STREET	
CITY-ST-ZIP	NEWTON MA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SILK, SCOTT	
STREET ADDRESS	30 PUTRIDGE CANE	
CITY-ST-ZIP	BOXFORD MA 01921	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOTINI, ALBERT	
STREET ADDRESS	6 POMROY RD.	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELLANTUONI, ANTHONY	
STREET ADDRESS	37 WOODLAND DR	
CITY-ST-ZIP	NASHUA NH 03063-2059	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	118 North Braun Trail
STREET ADDRESS	Kitty Hawk NC 27949
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	02161
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Partridge Lane
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	36 Andover Country Club Lane
STREET ADDRESS	ANDOVER MA 01810
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Senior Vice President
STREET ADDRESS	
CITY-ST-ZIP	

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 of Spaulding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)