2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2023
Secretary of State
4992491568CC

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Entity Name: SAPIENT CORPORATION OF BOSTON, MASSACHUSETTS

Current Principal Place of Business:

40 WATER STREET
BOSTON, MA 02109

Current Mailing Address:

40 WATER STREET
BOSTON, MA 02109 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	PRESIDENT, CEO, DIRECTOR
Name	VAZ, NIGEL GREGORY
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	VP
Name	MEEHAN, RICHARD W.
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	VP
Name	LE BOS, NATHALIE
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	SECRETARY
Name	GOODMAN, JOSHUA S.
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	VP
Name	CLARE, MARK
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	VP
Name	VYVERBERG, ROBERT W.
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	TREASURER
Name	FERNANDEZ, JAVIER
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

Title	DIRECTOR
Name	HEILBRONNER, ANNE-GABRIELLE
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109

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I hereby 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 all other like empowered.

SIGNATURE: VYVERBERG, ROBERT W. VP 04/08/2023

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LE BOS, NATHALIE
Address	40 WATER STREET
City-State-Zip:	BOSTON MA 02109