

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
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2798394**

Applied For
 Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 118 North Braun Trail Kitty Hawk NC 27949
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 02161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Partridge Lane
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 36 Andover Country Club Lane ANDOVER MA 01810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Senior Vice President

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: *Richard Spaulding* **Senior Vice President 01/31/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)