

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90025 026 ***150.00

0817400
AT

DOCUMENT # P39985

1. Entity Name
EPRESENCE, INC.

Principal Place of Business Mailing Address

120 FLANDERS RD **120 FLANDERS RD**
WESTBORO MA 01581 **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



DO NOT WRITE IN THIS SPACE

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		7. Name and Address of New Registered Agent	
C T CORPORATION-SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, WILLIAM P	NAME	
STREET ADDRESS	45 BISHOPS FOREST	STREET ADDRESS	11 Eliot St
CITY-ST-ZIP	WALTHAM MA	CITY-ST-ZIP	Chestnut Hill MA 02167
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 PRESIDENT <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	SCOTT SLYK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ROBERT D	NAME	SENIOR VICE PRESIDENT
STREET ADDRESS	30 ALLEN CIR	STREET ADDRESS	30 Parkridge Lane
CITY-ST-ZIP	BOXFORD MA 01921	CITY-ST-ZIP	BOXFORD MA 01921
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, DAVID C	NAME	ALBERT NOTINI
STREET ADDRESS	103 JIMMEY DRIVE	STREET ADDRESS	6 POMEROY ROAD
CITY-ST-ZIP	WESTFORD MA	CITY-ST-ZIP	ANDOVER MA 01810
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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **808-048-1000** Daytime Phone #

CR2E034 (9/01)