

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001894

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: HMI INC. OF MASSACHUSETTS

**Current Principal Place of Business:**

55 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

**New Principal Place of Business:**

**Current Mailing Address:**

55 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

**New Mailing Address:**

FEI Number: 04-3252901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SZYMANEL, BRIAN  
17510 STINCAR DR.  
LAND O LAKES, FL 34638      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FERREIRA, PAUL V  
Address: 342 CARTWRIGHT RD  
City-St-Zip: WELLESLEY, MA 02482

Title: S ( ) Delete  
Name: MONROE, WILLIAM C  
Address: P.O. BOX 6212  
City-St-Zip: LINCOLN, MA 017736212

Title: TRES ( ) Delete  
Name: FERREIRA, KENNETH J  
Address: 46 MISTY COVE LN  
City-St-Zip: HILTON HEAD IS, SC 29928

Title: D ( ) Delete  
Name: BRUETT, KAREN D  
Address: 110 MOSLE RD  
City-St-Zip: FAR HILLS, NJ 07931

Title: D ( ) Delete  
Name: SOHN, DONALD R  
Address: 1025 HALE ST  
City-St-Zip: BEVERLY FARMS, MA 01915

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH J FERREIRA

TRES

03/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date