

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001894

FILED  
Jan 04, 2011  
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:**

57 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

**Current Mailing Address:**

55 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

**New Mailing Address:**

57 PROVIDENCE HIGHWAY  
NORWOOD, MA 02062

**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  
10505 SKY FLOWER CT  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: KENNETH J FERREIRA

TRES

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date