

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004308

FILED
Mar 30, 2009
Secretary of State

Entity Name: CCVSC, INC.

Current Principal Place of Business:

ONE CABOT ROAD
4TH FLOOR
MEDFORD, MA 02155

New Principal Place of Business:

Current Mailing Address:

ONE CABOT ROAD
4TH FLOOR
MEDFORD, MA 02155

New Mailing Address:

FEI Number: 20-4889971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: SAXTON, MICHAEL A
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

Title: S () Delete
Name: NECHELES, PETER C
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

Title: T () Delete
Name: GRAHAM, THOMAS P
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

Title: D () Delete
Name: WOLK, SIDNEY D
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

Title: D () Delete
Name: WOLK, HOWARD L
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

Title: D () Delete
Name: WOLK, JEFFREY C
Address: ONE CABOT ROAD
City-St-Zip: MEDFORD, MA 02155

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:

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: SARAH LEONARD

Electronic Signature of Signing Officer or Director

MS.

03/30/2009

_____ Date