

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007076

FILED
Apr 16, 2007
Secretary of State

Entity Name: MEASURED PROGRESS, INC.

Current Principal Place of Business:

100 EDUCATION WAY
DOVER, NH 03821

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1217
DOVER, NH 03820

New Mailing Address:

FEI Number: 31-1668672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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: DS () Delete
Name: IRBY, ALICE
Address: 680 LAKE FOREST DR. SE
City-St-Zip: PINEHURST, NC 28374

Title: CEO () Delete
Name: FLYGARE, TOM
Address: 11 CT. ST., P.O. BOX 439
City-St-Zip: EXETER, NH 03833

Title: D () Delete
Name: WAXMAN, HY
Address: 28 AGAWAM RD.
City-St-Zip: SHARON, MA 02067

Title: P () Delete
Name: KAHL, STUART
Address: 100 EDUCATION WAY
City-St-Zip: DOVER, NH 03821

Title: VCFO () Delete
Name: RIZZO, RICHARD
Address: 100 EDUCATION WAY
City-St-Zip: DOVER, NH 03821

Title: T () Delete
Name: KMETZ, ROBERT
Address: 100 EDUCATION WAY
City-St-Zip: DOVER, NH 03821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: FLYGARE, TOM
Address: 11 CT. ST., P.O. BOX 439
City-St-Zip: EXETER, NH 03833

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KMETZ

T

04/16/2007

Electronic Signature of Signing Officer or Director

_____ Date