

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007076

FILED  
Apr 16, 2008  
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:**

100 EDUCATION WAY  
DOVER, NH 03821

**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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
SUITE 4  
WESTON, FL 33331 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: D ( ) 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: ( ) 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KMETZ

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

TREA

04/16/2008

\_\_\_\_\_  
Date