

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007076

FILED  
Apr 11, 2011  
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.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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  
Name: IRBY, ALICE  
Address: 680 LAKE FOREST DR. SE  
City-St-Zip: PINEHURST, NC 28374

Title: D  
Name: FLYGARE, TOM  
Address: 100 INTERNATIONAL DRIVE, SUITE 363  
City-St-Zip: PORTSMOUTH, NH 03801

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

Title: PD  
Name: BORG, MARTIN  
Address: 100 EDUCATION WAY  
City-St-Zip: DOVER, NH 03821

Title: D  
Name: WEINFUSS, JEROME  
Address: 31801 LAKESIDE DRIVE, UNIT 2  
City-St-Zip: FARMINGTON HILLS, MI 48334

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

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

SIGNATURE: ROBERT KMETZ

TREA

04/11/2011

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

\_\_\_\_\_  
Date