

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10613

FILED
Apr 26, 2010
Secretary of State

Entity Name: LEMESSURIER CONSULTANTS INC.

Current Principal Place of Business:

675 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139

New Principal Place of Business:

Current Mailing Address:

675 MASSACHUSETTS AVENUE
CAMBRIDGE, MA 02139

New Mailing Address:

FEI Number: 04-2872619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD
Name: SHREVE, GREGORY D
Address: 675 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: VPD
Name: CHEEVER, PETER J
Address: 675 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: VPD
Name: HENIGE, RICHARD A
Address: 675 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: VPD
Name: LOVALLO, WILLIAM
Address: 675 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: C
Name: TAURINSKAS, M M
Address: 675 MASSACHUSETTS AVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: PDTS
Name: RAVINDRA, MYSORE V
Address: 675 MASSACHUSETTS AVENUE
City-St-Zip: CAMBRIDGE, MA 02139

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: MYSORE V. RAVINDRA

PDTS

04/26/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date