

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29721

FILED
Jan 29, 2009
Secretary of State

Entity Name: SIMPSON GUMPERTZ & HEGER INC.

Current Principal Place of Business:

41 SEYON STREET
BLDG 1, SUITE 500
WALTHAM, MA 02453

New Principal Place of Business:

Current Mailing Address:

41 SEYON STREET
BLDG 1, SUITE 500
WALTHAM, MA 02453

New Mailing Address:

FEI Number: 04-2256923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, THOMAS A
Address: 5 WIRTHMORE LANE
City-St-Zip: LYNNFIELD, MA 01940

Title: VD () Delete
Name: KELLEY, PAUL L
Address: 114 NORWICH CIRCLE
City-St-Zip: MEDFORD, MA 02155

Title: CD () Delete
Name: BELL, GLENN R
Address: 11 PARTRIDGE POND RD
City-St-Zip: ACTON, MA 01720

Title: S () Delete
Name: NELSON, PETER E
Address: 11 LELAND RD
City-St-Zip: WESTFORD, MA 01886

Title: T () Delete
Name: ZONA, JOSEPH J
Address: 1 ANDREWS WAY
City-St-Zip: ARLINGTON, MA 02474

Title: D () Delete
Name: MCGRATH, TIMOTHY J
Address: 99 BEVERLY ROAD
City-St-Zip: ARLINGTON, MA 02474

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: VP (X) Change () Addition
Name: KUIVANEN, DAVID P
Address: 1054 E. PALM AVENUE
City-St-Zip: BURBANK, CA 91501

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: PETER E. NELSON

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01/29/2009

Electronic Signature of Signing Officer or Director

Date