

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715698

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL NAVAL RESEARCH ORGANIZATION, INC.

**Current Principal Place of Business:**

P.O. BOX 48  
HOLDEN, MA 015200048

**New Principal Place of Business:**

84A PLEASANTDALE RD  
RUTLAND, MA 01543 US

**Current Mailing Address:**

P.O. BOX 48  
HOLDEN, MA 015200048

**New Mailing Address:**

P.O. BOX 48  
HOLDEN, MA 015200048 US

**FEI Number:** 34-1566095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAWICK, HAMMERSLEY & VALENTINE,P.A.  
2051 MAIN STREET  
SARASOTA, FL 34237 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: PD ( ) Delete  
Name: SULLIVAN, DAVID M  
Address: P.O. BOX 48  
City-St-Zip: HOLDEN, MA 015200048

Title: D ( ) Delete  
Name: WRIGHT, CHRISTOPHER, C.  
Address: 12847 FOLLY QUARTER RD  
City-St-Zip: ELLICOTT CITY, MD

Title: D ( ) Delete  
Name: SMYERS, RICHARD P,  
Address: 327 VIRGINIA AVENUE  
City-St-Zip: LAPORTE, IN

Title: T ( ) Delete  
Name: HARRIS, ALLAN C,  
Address: 5905 REINWOOD DRIVE  
City-St-Zip: TOLEDO, OH

**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:

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: DAVID M. SULLIVAN

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date