

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834299

FILED
Apr 07, 2008
Secretary of State

Entity Name: SYLVANIA LIGHTING SERVICES CORP

Current Principal Place of Business:

C/O 6 TAX DEPARTMENT
100 ENDICOTT ST.
DANVERS, MA 01923 US

New Principal Place of Business:

Current Mailing Address:

C/O 6C TAX DEPARTMENT
100 ENDICOTT ST
DANVERS, MA 01932 US

New Mailing Address:

FEI Number: 13-2642452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
8751 WEST BROWARD
B152
PLANTATION, FL 33324 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: DP () Delete
Name: SANTIAGO, FRANCIS J
Address: 100 ENDICOTT ST.
City-St-Zip: DANVERS, MA 01923

Title: T () Delete
Name: MAHONEY, WILLIAM J
Address: 100 ENDICOTT ST.
City-St-Zip: DANVERS, MA

Title: VP () Delete
Name: LESCH, TIMOTHY J
Address: 100 ENDICOTT ST
City-St-Zip: DANVERS, MA 01923

Title: S () Delete
Name: GASS, JAMES A
Address: 100 ENDICOTT ST.
City-St-Zip: DANVERS, MA

Title: AS () Delete
Name: DAY, LINDA S
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

Title: VP () Delete
Name: COLIANDRIS, CHRIS
Address: 100 ENDICOTT STREET
City-St-Zip: DANVERS, MA 01923

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

SIGNATURE: WILLIAM J MAHONEY

T

04/07/2008

Electronic Signature of Signing Officer or Director

Date