

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836885

FILED
Mar 25, 2008
Secretary of State

Entity Name: FAY, SPOFFORD & THORNDIKE, INC.

Current Principal Place of Business:

5 BURLINGTON WOODS
BURLINGTON, MA 01803 US

New Principal Place of Business:

Current Mailing Address:

5 BURLINGTON WOODS
BURLINGTON, MA 01803 US

New Mailing Address:

FEI Number: 04-2204702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION
1200 S. PINE ISLAND ROAD
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: PD () Delete
Name: GROVES, DEAN L
Address: 6 FELICIA ROAD
City-St-Zip: MELROSE, MA 02176

Title: D () Delete
Name: GLOVER, WILLIAM J JR
Address: 1 CRESTWOOD LANE
City-St-Zip: SO. EASTON, MA 02375

Title: VD () Delete
Name: ROACHE, MICHAEL A
Address: 5303 INWOOD DR.
City-St-Zip: WOBURN, MA 01801

Title: VTD () Delete
Name: HAMWEY, EMILE J
Address: 62 HARTSHORN STREET
City-St-Zip: READING, MA 01867

Title: VSD () Delete
Name: JENKINS, THOMAS D
Address: 16 HAWTHORNE STREET
City-St-Zip: WAKEFIELD, MA 01880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VTD (X) Change () Addition
Name: YANNONI, CHRISTOPHER C
Address: 10 SCHOOL WAY
City-St-Zip: BEDFORD, MA 01730

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HAMWEY, EMILE J
Address: 62 HARTSHORN STREET
City-St-Zip: READING, MA 01867

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: THOMAS D. JENKINS

VSD

03/25/2008

Electronic Signature of Signing Officer or Director

_____ Date