2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# 838391

Entity Name: AMGRO, INC.

Current Principal Place of Business:

100 NORTH PARKWAY
WORCESTER, MA 01605 US

New Principal Place of Business:

Current Mailing Address:

100 NORTH PARKWAY
P. O. BOX 15089
WORCESTER, MA 016150089 US

New Mailing Address:

FEI Number: 04-2457427 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
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: TERRY, WESTON H JR
Address: 5 ELIZABETH LANE
City-St-Zip: STERLING, MA 01564

Title: AS ( ) Delete
Name: CAHILL, WILLIAM J JR
Address: 10 OLD PLANTERS RD
City-St-Zip: BEVERLY, MA 01915

Title: S ( ) Delete
Name: CRONIN, CHARLES F
Address: 57 LONGWOOD DRIVE
City-St-Zip: LUNENBURG, MA 01462

Title: VP/D ( ) Delete
Name: BIGWOOD, RUSSELL M
Address: 407-2 GREAT RD
City-St-Zip: ACTON, MA 01720

Title: T/D ( ) Delete
Name: CHARBONNEAU, KAREN A
Address: 68 ROBBINS RD
City-St-Zip: THOMPSON, CT 06277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: BOUSQUET, BARBARA J
Address: 132 ALVIN AVENUE
City-St-Zip: MILTON, MA 02186

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

Title: S/D (X) Change ( ) Addition
Name: CRONIN, CHARLES F
Address: 57 LONGWOOD DRIVE
City-St-Zip: LUNENBURG, MA 01462

Title: P/D (X) Change ( ) Addition
Name: BIGWOOD, RUSSELL M
Address: 407-2 GREAT RD
City-St-Zip: ACTON, MA 01720

Title: VP/D (X) Change ( ) Addition
Name: CHARBONNEAU, KAREN A
Address: 68 ROBBINS RD
City-St-Zip: THOMPSON, CT 06277

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: BARBARA J. BOUSQUET T 04/29/2008

Electronic Signature of Signing Officer or Director Date