2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843356

Title:

Name: Address:

City-St-Zip:

U.S. BOSTON CAPITAL CORPORATION

FILED Jan 11, 2008 Secretary of State

Entity Nar	me: U.S. BUS	TON CAPITAL CORPORATION	N			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	EDFORD RD MA 01773					
Current Mailing Address:			New Maili	New Mailing Address:		
	EDFORD RD MA 01773					
FEI Number:	: 04-2464763	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1201 HAYS SUITE 105	SSTREET	DRPORATION SYSTEM INC.				
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing it	ts registered office or registered agent, or both,		
SIGNATUR						
Electronic Signature of Registered Agent			nt	Date		
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TD () UMPHREY, WIL 55 OLD BEDFOI LINCOLN, MA 0	RD RD	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VSD () OKUROWSKI, L LINCOLN N 55 C LINCOLN, MA 0	OLD BEDFORD	Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition OKUROWSKI, LEON 55 OLD BEDFORD LINCOLN, MA 01773		
Title: Name: Address: City-St-Zip:	S () LEON OKUROW 55 OLD BEDFOI LINCOLN, MA 0	RD	Title: Name: Address: City-St-Zip:	P (X) Change () Addition KESSINGER, DEBORAH A 55 OLD BEDFORD LINCOLN, MA 01773		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILLARD L UMPHREY T,D 01/11/2008

(X) Delete

ELIZABETH, WATSON A

48 PARKER STREET

NORWELL, MA 02061

() Change () Addition