

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # F00000000205

1. Entity Name
KEMA-ECC, INC.



Principal Place of Business
**67 SOUTH BEDFORD ST
SUITE 201E
BURLINGTON, MA 01803**

Mailing Address
**67 SOUTH BEDFORD STREET
SUITE 201E
BURLINGTON, MA 01803**



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1067916

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OVERBEEK, HANS
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE CFOS
NAME GRAHAM, JOHN
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE CD
NAME NABUURS, PIER
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE D
NAME DAUTZENBERG, FERDY
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE D
NAME ENOCH, GERD
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

TITLE D
NAME OVERBEEK, HANS
STREET ADDRESS 67 SOUTH BEDFORD STREET, SUITE 201E
CITY-ST-ZIP BURLINGTON, MA 01803

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06/02/08-80062-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Graham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08 781-273-5700
Date Daytime Phone #