

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002779

FILED
Mar 18, 2009
Secretary of State

Entity Name: STATE STREET RESEARCH & MANAGEMENT COMPANY

Current Principal Place of Business:

40 EAST 52ND STREET
NEW YORK, NY 10022

New Principal Place of Business:

Current Mailing Address:

40 EAST 52ND STREET
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 13-3142135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: DCEO () Delete
Name: FINK, LAURENCE
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: DP () Delete
Name: KAPITO, ROBERT
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: WALTCHER, DANIEL
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: CFO () Delete
Name: AUDET, PAUL
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: GCS () Delete
Name: CONNOLLY, ROBERT
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DIR (X) Change () Addition
Name: WALTCHER, DANIEL R
Address: 40 EAST 52ND STREET
City-St-Zip: NEW YORK, NY 10022

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

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

Title: COO () Change (X) Addition
Name: SUSAN, WAGNER
Address: 40 EAST 52ND ST.
City-St-Zip: NEW YORK, NY 10022

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: MANDELIN HENDRICKS

POA

03/18/2009

Electronic Signature of Signing Officer or Director

Date