2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# F00000003330

Entity Name: ARROWSTREET INC.

Current Principal Place of Business:

212 ELM STREET
SOMERVILLE, MA 02144 US

New Principal Place of Business:

Current Mailing Address:

212 ELM STREET
SOMERVILLE, MA 02144 US

New Mailing Address:

FEI Number: 04-2323820 **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: VD ( ) Delete
Name: SLATTERY, ROBERT
Address: 1541 VT. RTE 110
City-St-Zip: SOUTH ROYALTON, VT 05068 US

Title: PD ( ) Delete
Name: BATCHELOR, JAMES P
Address: 29 MANCHESTER ROAD
City-St-Zip: BROOKLINE, MA 02446 US

Title: SD ( ) Delete
Name: FLAJNIK, JAMES D
Address: 84 OAKLAND AVENUE
City-St-Zip: ARLINGTON, MA 02476 US

Title: VD ( ) Delete
Name: COLE, JOHN W
Address: 9 GLEN AVENUE
City-St-Zip: ARLINGTON, MA 02474 US

Title: T ( ) Delete
Name: NEVILLE, NANCY L
Address: 3 EUSTIS ST
City-St-Zip: ARLINGTON, MA 02476 US

Title: VD ( ) Delete
Name: TREMBLAY, GEORGE
Address: 81 HART STREET
City-St-Zip: BEVERLY FARMS, MA 01915 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: NANCY L. NEVILLE T 03/02/2009

Electronic Signature of Signing Officer or Director Date