

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004321

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.

## Current Principal Place of Business:

200 CLARENDON STREET  
FLOOR 41  
BOSTON, MA 02116

## New Principal Place of Business:

53 STATE STREET  
BOSTON, MA 02109

## Current Mailing Address:

404 WASHINGTON AVE  
6TH FLOOR  
MIAMI BEACH, FL 33139

## New Mailing Address:

2805 E OAKLAND PARK BLVD  
PMB #484  
FORT LAUDERDALE, FL 33306

FEI Number: 04-3413445

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 RD  
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: DVS ( ) Delete  
Name: CAMERA, NICHOLAS J  
Address: 1114 AVE OF THE AMERICAS  
City-St-Zip: NEW YORK, NY 10036

Title: DCEO ( ) Delete  
Name: SHEHAN, MIKE  
Address: 200 CLARENDON STREET  
City-St-Zip: BOSTON, MA

Title: P ( ) Delete  
Name: KAPLAN, KAREN B  
Address: 200 CLARENDON STREET  
City-St-Zip: BOSTON, MA

Title: CFO ( ) Delete  
Name: WALSH, KEVIN  
Address: 200 CLARENDON STREET  
City-St-Zip: BOSTON, MA 02116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DCEO (X) Change ( ) Addition  
Name: SHEHAN, MIKE  
Address: 53 STATE STREET  
City-St-Zip: BOSTON, MA 02109

Title: P (X) Change ( ) Addition  
Name: KAPLAN, KAREN B  
Address: 53 STATE STREET  
City-St-Zip: BOSTON, MA 02109

Title: CFO (X) Change ( ) Addition  
Name: WALSH, KEVIN  
Address: 53 STATE STREET  
City-St-Zip: BOSTON, MA 02109

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: NICHOLAS J CAMERA

DVS

01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date