

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006654

FILED
Apr 27, 2009
Secretary of State

Entity Name: EXTRAPRISE GROUP, INC.

Current Principal Place of Business:

321 SUMMER STREET
6TH FLOOR
BOSTON, MA 02210

New Principal Place of Business:

Current Mailing Address:

321 SUMMER STREET
6TH FLOOR
BOSTON, MA 02210

New Mailing Address:

FEI Number: 04-3354224

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: PCD () Delete
Name: MARSHALL, KENNETH
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: V () Delete
Name: SHANKER, MICHAEL
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: S () Delete
Name: BLUNDON, WILLIAM
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: T () Delete
Name: DOSTAL, CHRISTINE C
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: D () Delete
Name: MCCULLEN, JOSEPH
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

Title: D () Delete
Name: KOULOGEORGE, MARK
Address: 321 SUMMER STREET
City-St-Zip: BOSTON, MA 02210

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: CHRISTINE C DOSTAL

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04/27/2009

Electronic Signature of Signing Officer or Director

Date