

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000137

FILED
Feb 20, 2008
Secretary of State

Entity Name: SOUTHERN TIER BRITTANY INCORPORATED

Current Principal Place of Business:

C/O NORTHLAND INVESTMENT
2150 WASHINGTON ST.
NEWTON, MA 02642

New Principal Place of Business:

Current Mailing Address:

C/O NORTHLAND INVESTMENT
2150 WASHINGTON ST.
NEWTON, MA 02642

New Mailing Address:

FEI Number: 80-0007831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CD () Delete
Name: GOTTESDIENER, LAWRENCE R
Address: 2150 WASHINGTON ST.
City-St-Zip: NEWTON, MA 02462

Title: PD () Delete
Name: GATOF, ROBERT S
Address: 2150 WASHINGTON ST.
City-St-Zip: NEWTON, MA 02462

Title: S () Delete
Name: ROSENTHAL, STEVEN P
Address: ONE FINANCIAL CENTER
City-St-Zip: BOSTON, MA 02111

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

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: C (X) Change () Addition
Name: ROSENTHAL, STEVEN P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: T () Change (X) Addition
Name: CONSOLI, MARK P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: S () Change (X) Addition
Name: ABAIR, SUZANNE
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

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: MARK P. CONSOLI

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02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date