

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001135

Entity Name: KALIDO INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

ONE WALL STREET
BURLINGTON, MA 01803

New Principal Place of Business:

Current Mailing Address:

ONE WALL STREET
BURLINGTON, MA 01803

New Mailing Address:

FEI Number: 76-0696980

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: P/D () Delete
Name: HEWITT, WILLIAM
Address: ONE WALL STREET
City-St-Zip: BURLINGTON, MA 01803

Title: T () Delete
Name: NEVINS, JOAN
Address: ONE WAYSIDE ROAD
City-St-Zip: BURLINGTON, MA 01803

Title: S () Delete
Name: BURGESS, JOHN
Address: 60 STATE STREET
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: BARROWS, TIMOTHY
Address: 100 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: D () Delete
Name: SPRAY, CHRISTOPHER
Address: 55 GROSVENOR STREET
City-St-Zip: LONDON, UK W1K 3BW UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: NEVINS, JOAN
Address: ONE WALL STREET
City-St-Zip: BURLINGTON, MA 01803

Title: S (X) Change () Addition
Name: GROSSMAN, HENRY
Address: ONE WALL STREET
City-St-Zip: BURLINGTON, MA 01803

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: JOAN M NEVINS

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date