

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001165

Entity Name: VFA, INC.

FILED
Apr 19, 2012
Secretary of State

Current Principal Place of Business:

266 SUMMER STREET
BOSTON, MA 02210

New Principal Place of Business:

266 SUMMER STREET
BOSTON, MA 02210 US

Current Mailing Address:

266 SUMMER STREET
BOSTON, MA 02210

New Mailing Address:

266 SUMMER STREET
BOSTON, MA 02210 US

FEI Number: 04-3570054

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: KOKOS, GERALD PRES
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

Title: DIR
Name: DAVIS, WES DIR
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

Title: ST
Name: SUMMERS, JAMES ST
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

Title: DIR
Name: EBLING, THOMAS DIR
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

Title: DIR
Name: BALMUTH, MICHAEL DIR
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

Title: DIR
Name: VANDERWEIL, GARY DIR
Address: 266 SUMMER STREET
City-St-Zip: BOSTON, MA 02210 US

I hereby 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 all other like empowered.

SIGNATURE: BRITNI WIGE

POA

04/19/2012

Electronic Signature of Signing Officer or Director

Date