

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002387

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: MOUNTAINSIDE FINANCIAL INC.

## Current Principal Place of Business:

27 WELLS RD.  
FAIRFAX, VT 05454

## New Principal Place of Business:

## Current Mailing Address:

27 WELLS RD.  
FAIRFAX, VT 05454

## New Mailing Address:

FEI Number: 03-0365924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REGISTERED AGENTS LEGAL SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 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: C ( ) Delete  
Name: DUCHARME, ELAINE  
Address: 27 WELLS RD.  
City-St-Zip: FAIRFAX, VT 05454

Title: PT ( ) Delete  
Name: DUCHARME, ANTHONY  
Address: 27 WELLS RD.  
City-St-Zip: FAIRFAX, VT 05454

Title: VPS ( ) Delete  
Name: PACHOLEK, STEVE  
Address: 27 WELLS RD.  
City-St-Zip: FAIRFAX, VT 05454

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPS (X) Change ( ) Addition  
Name: DUCHARME, JOSH  
Address: 27 WELLS RD.  
City-St-Zip: FAIRFAX, VT 05454

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: ANTHONY DUCHARME

PRES

02/02/2009

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

\_\_\_\_\_  
Date