

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000366

FILED
Jan 22, 2009
Secretary of State

Entity Name: RAND IMAGINIT TECHNOLOGIES, INC.

Current Principal Place of Business:

8001 SWEET VALLEY DRIVE
VALLEYVIEW, OH 44125

New Principal Place of Business:

Current Mailing Address:

5285 SOLAR DRIVE, MISSISSAUGA
ONTARIO L4W5B8 CANADA, OC 00000 OC

New Mailing Address:

FEI Number: 98-0383971 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: PCEO () Delete
Name: DULUDE, MARC L
Address: 55 WILLIAM STREET, SUITE 240
City-St-Zip: WELLESLEY, MA 02481 US

Title: S () Delete
Name: SHIEKH, JEOFF
Address: 5285 SOLAR DRIVE
City-St-Zip: MISSISSAUGA L4W5B8 CANADA, ON 00000 OC

Title: T () Delete
Name: GIMON, PETER
Address: 5285 SOLAR DRIVE
City-St-Zip: MISSISSAUGA, L4W5B8 CANADA, ON 00000 OC

Title: D () Delete
Name: DULUDE, MARC L
Address: 55 WILLIAM STREET, SUITE 240
City-St-Zip: WELLESLEY, MA 02481

Title: D () Delete
Name: CHARPIE, RICHARD A
Address: 55 WILLIAM STREET, SUITE 240
City-St-Zip: WELLESLEY, MA 02481 OC

Title: D () Delete
Name: MACCORMACK, SUZANNE E
Address: 55 WILLIAM STREET, SUITE 240
City-St-Zip: WELLESLEY, MA 02481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: HENDERSON, LORI
Address: 20 WILLIAM STREET SUITE 160
City-St-Zip: WELLESLEY, MA 02154 US

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: PETER GIMON

T

01/22/2009

Electronic Signature of Signing Officer or Director

Date