

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003913

FILED
Feb 03, 2012
Secretary of State

Entity Name: EURO-PRO MANAGEMENT COMPANY

Current Principal Place of Business:

180 WELLS AVE. SUITE 200
NEWTON, MA 02459 US

New Principal Place of Business:

Current Mailing Address:

180 WELLS AVE. SUITE 200
NEWTON, MA 02459 US

New Mailing Address:

FEI Number: 38-3685665 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ROSENZWEIG, MARK
Address: 180 WELLS AVE. SUITE 200
City-St-Zip: NEWTON, MA 02459 US

Title: D
Name: ROSENZWEIG, MARK
Address: 180 WELLS AVE. SUITE 200
City-St-Zip: NEWTON, MA 02459 US

Title: T
Name: LAGARTO, BRIAN
Address: 180 WELLS AVE. SUITE 200
City-St-Zip: NEWTON, MA 02459 US

Title: P
Name: BARROCAS, MARK
Address: 180 WELLS AVE. SUITE 200
City-St-Zip: NEWTON, MA 02459 US

Title: S
Name: MCCABE, JENNIFER
Address: 180 WELLS AVE. SUITE 200
City-St-Zip: NEWTON, MA 02459 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: BRIAN LAGARTO

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02/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date