

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005797

FILED
Mar 29, 2009
Secretary of State

Entity Name: AMGRO RECEIVABLES CORPORATON

Current Principal Place of Business:

100 NORTH PARKWAY
WORCESTER, MA 10605

New Principal Place of Business:

Current Mailing Address:

PO BOX 15089
WORCESTER, MA 016150089

New Mailing Address:

FEI Number: 30-0004976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: D () Delete
Name: BILOTTA, FRANK B
Address: 1611 SHERIDAN DRIVE
City-St-Zip: NEPTUNE, NJ 07753

Title: VP/D () Delete
Name: CHARBONNEAU, KAREN A
Address: 68 ROBBINS ROAD
City-St-Zip: THOMPSON, CT 06277

Title: S/D () Delete
Name: CRONIN, CHARLES F
Address: 57 LONGWOOD DRIVE
City-St-Zip: LUNENBURG, MA 01462

Title: P/D () Delete
Name: BIGWOOD, RUSSELL M
Address: 407-2 GREAT ROAD
City-St-Zip: ACTON, MA 01720

Title: AS () Delete
Name: CAHILL, WILLIAM J JR
Address: 10 OLD PLANTERS ROAD
City-St-Zip: BEVERLY, MA 01915

Title: T (X) Delete
Name: BOUSQUET, BARBARA J
Address: 132 ALVIN AVENUE
City-St-Zip: MILTON, MA 02186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T/D (X) Change () Addition
Name: CHARBONNEAU, KAREN A
Address: 68 ROBBINS ROAD
City-St-Zip: THOMPSON, CT 06277

Title: S (X) Change () Addition
Name: BROWN, KEVIN E
Address: 2801 WEST 73RD STREET
City-St-Zip: PRAIRIE VILLAGE, KS 66208

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

Title: V (X) Change () Addition
Name: ANDRES, BRYAN J
Address: 5625 ROUNDTREE
City-St-Zip: SHAWNEE, KS 66226

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: KEVIN E BROWN

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03/29/2009

Electronic Signature of Signing Officer or Director

Date