

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000863

FILED
Mar 23, 2009
Secretary of State

Entity Name: NOVA ANALYTICS CORPORATION

Current Principal Place of Business:

600 UNICORN PARK DRIVE
WOBURN, MA 01801

New Principal Place of Business:

Current Mailing Address:

600 UNICORN PARK DRIVE
WOBURN, MA 01801

New Mailing Address:

FEI Number: 74-3052193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
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: CEO () Delete
Name: BARBOOKLES, JAMES
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: CFO (X) Delete
Name: KENNEDY, JOHN F
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: GC/O () Delete
Name: BARBOOKLES, JANET
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: BARBOOKIES, JAMES
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: STEVOGT-WINKLER, PETRA
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: D () Delete
Name: DICK, CHRISTOPHE W
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JANET BARBOOKLES

GC/O

03/23/2009

Electronic Signature of Signing Officer or Director

Date