

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002172

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE PSYCHOLOGICAL CORPORATION

Current Principal Place of Business:

2 NEWTON PLACE #350
NEWTON, MA 02458

New Principal Place of Business:

Current Mailing Address:

2 NEWTON PLACE #350
NEWTON, MA 02458

New Mailing Address:

FEI Number: 20-1161874

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: VS () Delete
Name: BARNES, SCOTT M
Address: 19500 BULVERDE ROAD
City-St-Zip: SAN ANTONIO, TX 78259

Title: VCFO () Delete
Name: DICKINSON, EDWARD E
Address: 19500 BULVERDE ROAD
City-St-Zip: SAN ANTONIO, TX 78230

Title: VT () Delete
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: VAT () Delete
Name: FONTAINE, CHARLES P
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: PD () Delete
Name: PRIFITERA, AURELIO
Address: 19500 BULVERDE ROAD
City-St-Zip: SAN ANTONIO, TX 782593701

Title: V () Delete
Name: HORBACZEWSKI, HENRY Z
Address: 125 PARK AVENUE, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10017

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: CHARLES P. FONTAINE

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date