

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006671

FILED
Feb 05, 2009
Secretary of State

Entity Name: THE MACMILLIN COMPANY, INC.

Current Principal Place of Business:

17 ELM STREET
KEENE, NH 03431

New Principal Place of Business:

Current Mailing Address:

17 ELM STREET
KEENE, NH 03431

New Mailing Address:

FEI Number: 02-0266237

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: PRES () Delete
Name: WALKER, WILLIAM C
Address: 17 ELM STREET
City-St-Zip: KEENE, NH 03431

Title: TREA () Delete
Name: WALKER, WILLIAM C
Address: 17 ELM STREET
City-St-Zip: KEENE, NH 03431

Title: SECY () Delete
Name: FREUND, GEORGE R JR
Address: 50 WASHINGTON ST., PO BOX 666
City-St-Zip: KEENE, NH 03431

Title: () Delete
Name:
Address:
City-St-Zip:

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: DIR () Change (X) Addition
Name: NORMAN, JENNIE L
Address: 145 EASTSIDE RD
City-St-Zip: HARRISVILLE, NH 03450

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: JENNIE L. NORMAN

DIR

02/05/2009

Electronic Signature of Signing Officer or Director

Date