2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# F05000000441

Entity Name: A.W. CHESTERTON COMPANY

Current Principal Place of Business:

551856 US HWY 1 STE 106
HIWARD, FL 32046

New Principal Place of Business:

551856 US HWY 1 STE 106
HILLIARD, FL 32046

Current Mailing Address:

500 UNICORN PARK DRIVE
WOBURN, MA 01801

New Mailing Address:

FEI Number: 04-1173400 **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: P ( ) Delete
Name: HOYLE, RICHARD F PRESIDE
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: S ( ) Delete
Name: RILEY, JOSEPH E SECRETA
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: VP ( ) Delete
Name: MCCORMACK, PETER VICE PR
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: T ( ) Delete
Name: MAXWELL, RONALD J
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: D ( ) Delete
Name: CARROLL, JOHN
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: D ( ) Delete
Name: BLASBERG, ARTHUR JR.
Address: 500 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: T (X) Change ( ) Addition
Name: MAXWELL, RONALD J CFO
Address: 500 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

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: PETER MCCORMACK VP 02/04/2008

Electronic Signature of Signing Officer or Director Date