2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000579

Entity Name: ACCESSPORTAMERICA, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 119 HIGH STREET ACTON, MA 01720 **Current Mailing Address: New Mailing Address:** 119 HIGH STREET ACTON, MA 01720 FEI Number: 04-3265194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEMPKO, SARAH KERPCHAR, GLEN 2659 NORTHEAST DIXIE HWY. 3839 NE LINDA DRIVE JENSON BEACH, FL 34957 JENSON BEACH, FL 34996 US 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: ISI MARK SCHEIER, DIRECTOR 04/29/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LILLEY, ROSS Name: Name: 119 HIGH STREET Address: Address: City-St-Zip: ACTON, MA 01720 City-St-Zip: Title: Title: () Delete (X) Change () Addition HALBY, SUSAN Name: HALBY, SUSAN Name: Address: 38 SIMON WILLIARD Address: 65 ATTAWAN ROAD City-St-Zip: CONCORD, MA City-St-Zip: CONCORD, MA 01742 Title: () Delete Title: (X) Change () Addition SCHEIER, MARK SCHEIER, MARK Name: Name: Address: 103 GREAT RD Address: 103 GREAT ROAD City-St-Zip: **ACTON, MA 01720** City-St-Zip: ACTON, MA 01720 Title: () Delete Title: (X) Change () Addition Name: KAHLER, GREG Name: THIRMAN, MARK 1050 WINTER STREET, SUITE 1000 Address: 201 BEECH AVE. Address: City-St-Zip: MELROSE, MA 02176 City-St-Zip: WALTHAM, MA 02451 Title: () Delete Title: () Change () Addition LILLEY, JEAN Name: Name: 119 HIGH STREET Address: Address: City-St-Zip: ACTON, MA 01720 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: /S/ MARK SCHEIER, DIRECTOR D 04/29/2008

() Delete

MUGAR, CAROLYN

CAMBRIDGE, MA 02139

334 BROADWAY

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

160 FEDERAL STREET, 12TH FLOOR

OLIVIERI. MICHAEL

BOSTON, MA 02110