

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000899

FILED
Sep 02, 2008
Secretary of State

Entity Name: SPENCER TECHNOLOGIES, INC.

Current Principal Place of Business:

640 LINCOLN STREET
WORCESTER, MA 01605

New Principal Place of Business:

102 OTIS STREET
MORTHBOROUGH, MA 01532

Current Mailing Address:

640 LINCOLN STREET
WORCESTER, MA 01605

New Mailing Address:

102 OTIS STREET
MORTHBOROUGH, MA 01532

FEI Number: 05-0499679

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: PC () Delete
Name: STRICKER, DAVID
Address: 640 LINCOLN STREET
City-St-Zip: WORCESTER, MA 01605

Title: S () Delete
Name: BOISSEAU, CHARLES
Address: 155 S MAIN ST
City-St-Zip: PROVIDENCE, RI 02903

Title: T () Delete
Name: DERECHO, EDWIN
Address: 640 LINCOLN ST
City-St-Zip: WORCESTER, MA 01605

Title: D (X) Delete
Name: LUSO, CLIFFORD
Address: 500 EDGEWATER DRIVE, SUITE 555
City-St-Zip: WAKEFIELD, MA 01880

Title: D (X) Delete
Name: SAHAGIAN, WILLIAM
Address: 282 CENTRAL STREET
City-St-Zip: HUDSON, MA 01749

Title: D () Delete
Name: GOLDING, THOMAS
Address: 2400 FINANCIAL PLAZA
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: STRICKER, DAVID
Address: 102 OTIS STREET
City-St-Zip: NORTHBOROUGH, MA 01532

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DERECHO, EDWIN
Address: 102 OTIS STREET
City-St-Zip: NORTHBOROUGH, MA 01532

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: EDWIN DERECHO

T

09/02/2008

Electronic Signature of Signing Officer or Director

Date