

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000899

Entity Name: SPENCER TECHNOLOGIES, INC.

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

102 OTIS STREET
MORTHBOROUGH, MA 01532

New Principal Place of Business:

102 OTIS STREET
NORTHBOROUGH, MA 01532

Current Mailing Address:

102 OTIS STREET
MORTHBOROUGH, MA 01532

New Mailing Address:

102 OTIS STREET
NORTHBOROUGH, 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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 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: 102 OTIS STREET
City-St-Zip: NORTHBOROUGH, MA 01532

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: SAHAGIAN, WILLIAM
Address: 102 OTIS STREET
City-St-Zip: NORTHBOROUGH, MA 01532

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

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: DAVID STRICKLER

PCT

06/29/2009

Electronic Signature of Signing Officer or Director

Date