

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001986

FILED
Apr 30, 2010
Secretary of State

Entity Name: CONCORD BUYING GROUP INC.

Current Principal Place of Business:

ATTN: CORP TAX DEPT J5S
770 COCHITUATE ROAD
FRAMINGHAM, MA 01701

New Principal Place of Business:

Current Mailing Address:

770 COCHITUATE ROAD
FRAMINGHAM, MA 01701

New Mailing Address:

FEI Number: 02-0502486

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
Name: CLANCY, CECILIA M
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: SV
Name: CANTIN, NORMAN
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V
Name: FRALLICCIARDI, JUDY
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V
Name: APPEL, ALFRED
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V
Name: KANGAS, PAUL
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

Title: V
Name: NAYLOR, JEFFREY
Address: 770 COCHITUATE ROAD
City-St-Zip: FRAMINGHAM, MA 01701

I hereby 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 all other like empowered.

SIGNATURE: ALFRED APPEL

VP

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date