2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007119

Entity Name: DGS RETAIL, INC.

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
21 INDUSTRIAL RD WALPOLE, MA 02081				60 MAPLE STREET SUITE 100 MANSFIELD, MA 02048		
Current Mailing Address:				New Mailing Address:		
21 INDUSTRIAL RD WALPOLE, MA 02081			60 MAPLE STREET SUITE 100 MANSFIELD, MA 02048			
FEI Number:	04-2666418	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:						
Electronic Signature of Registered Agent				Date		
Election Cam		Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	VOGT, THOMAS 21 INDUSTRIAL I WALPOLE, MA			Title: Name: Address: City-St-Zip: Title:	VOGT, THOMAS 60 MAPLE STRI MANSFIELD, MA	EET, SUITE 100
Name: Address: City-St-Zip:	STEVENS, PETE 21 INDUSTRIAL I WALPOLE, MA	R RD		Name: Address: City-St-Zip:	STEVENS, PETI 60 MAPLE STRI MANSFIELD, MA	ER EET, SUITE 100
Title: Name: Address: City-St-Zip:	VC () E STEVENS, CRAIG 21 INDUSTRIAL I WALPOLE, MA	RD		Title: Name: Address: City-St-Zip:	VC (X) STEVENS, CRA 29 LONGFELLO BOYLSTON, MA	W WAY
Title: Name: Address: City-St-Zip:	D () E ROONEY, TOM 21 INDUSTRIAL I WALPOLE, MA			Title: Name: Address: City-St-Zip:	D (X) ROONEY, TOM 60 MAPLE STRI MANSFIELD, M	•
Title: Name: Address: City-St-Zip:	SALEM, PAUL	Delete NEDY PLAZA, 18TH FLOOR I 02903		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E SALEM, JOHN 180 BARSTOW L TOLLAND, CT 06			Title: Name: Address: City-St-Zip:	()	Change () Addition

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 STEVENS CEO 03/23/2009