

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001454

FILED
Mar 04, 2009
Secretary of State

Entity Name: SULLIVAN AND COGLIANO DESIGNERS INC.

Current Principal Place of Business:

230 SECOND AVE
WALTHAM, MA 02451

New Principal Place of Business:

Current Mailing Address:

230 SECOND AVE
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 04-2391962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, NANCY
7740 NORTH KENDALL DR.
MIAMI, FL 33156 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: C () Delete
Name: COGLIANO, JOHN JR
Address: 9 ISLAND PATH
City-St-Zip: WESTFORD, MA 01886

Title: D () Delete
Name: COGLIANO, AUDREY
Address: 9 ISLAND PATH
City-St-Zip: WESTFORD, MA 01886

Title: D () Delete
Name: COGLIANO, JOHN M
Address: 9 ISLAND PATH
City-St-Zip: WESTFORD, MA 01886

Title: P () Delete
Name: COGLIANO, JAMES J
Address: 11 PRESERVATION WAY
City-St-Zip: WESTFORD, MA 01886

Title: D () Delete
Name: COGLIANO, HERB
Address: 12 ALCORN CROSSING
City-St-Zip: WESTFORD, MA 01886

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: HERB COGLIANO

D

03/04/2009

Electronic Signature of Signing Officer or Director

_____ Date