

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002678

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: 5D INFORMATION MANAGEMENT, INC.

## Current Principal Place of Business:

400 WOOD ROAD  
BRAINTREE, MA 02184

## New Principal Place of Business:

## Current Mailing Address:

400 WOOD ROAD  
BRAINTREE, MA 02184

## New Mailing Address:

FEI Number: 04-3326218

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: DS ( ) Delete  
Name: LOPEZ, ALICIA R  
Address: 400 WOOD ROAD  
City-St-Zip: BRAINTREE, MA 02184

Title: TCFO ( ) Delete  
Name: LINDOP, CHRISTOPHER  
Address: 400 WOOD RD.  
City-St-Zip: BRAINTREE, MA 02184

Title: P ( ) Delete  
Name: BRITTON, TOM  
Address: 10025-102A AVE  
City-St-Zip: EDMONTON, AB 15J 272 CANADA,

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: LOPEZ, ALICIA R  
Address: 400 WOOD ROAD  
City-St-Zip: BRAINTREE, MA 02184

Title: DIR (X) Change ( ) Addition  
Name: LINDOP, CHRISTOPHER  
Address: 400 WOOD RD.  
City-St-Zip: BRAINTREE, MA 02184

Title: PRES (X) Change ( ) Addition  
Name: CONNEELY, JANET  
Address: 400 WOOD ROAD  
City-St-Zip: BRAINTREE, MA 02184

Title: TRES ( ) Change (X) Addition  
Name: KUMAR, RIJU  
Address: 400 WOOD ROAD  
City-St-Zip: BRAINTREE, MA 02184

Title: SEC ( ) Change (X) Addition  
Name: LOPEZ, ALICIA R  
Address: 400 WOOD ROAD  
City-St-Zip: BRAINTREE, MA 02184

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: ALICIA R. LOPEZ

SEC

04/15/2009

Electronic Signature of Signing Officer or Director

Date