

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # F06000003439

1. Entity Name  
ALAN GRAY INVESTIGATIVE SERVICES, INC.



04-17-2008 90024 007 \*\*\*150.00

Principal Place of Business  
9 EAST 40TH STREET  
NEW YORK, NY 10016

Mailing Address  
88 BROAD STREET  
BOSTON, MA 02110

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

03172008 Chg-P CR2E034 (12/06)

4. FCI Number Applied For

5. Certificate of Status Desired ☐ Additional Fee Required

City & State

City & State

## 6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR SUITE 4  
WESTON, FL 33331

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROACH, PAUL M	
STREET ADDRESS	88 BROAD ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GENEREUX, JEFF	
STREET ADDRESS	88 BROAD ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	PT Director	<input type="checkbox"/> Delete
NAME	CEPPI, MICHAEL F	
STREET ADDRESS	88 BROAD ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE	VPS Director	<input type="checkbox"/> Delete
NAME	CEPPI, JENNY	
STREET ADDRESS	88 BROAD ST	
CITY-ST-ZIP	BOSTON, MA 02110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael F. Ceppi

3/19/2008

Date

617-426-6255

Daytime Phone #