

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003576

Entity Name: AGFA FINANCE CORPORATION

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

200 BALLARVILLE STREET
WILMINGTON, MA 01887

New Principal Place of Business:

200 BALLARVALE STREET
WILMINGTON, MA 01887

Current Mailing Address:

200 BALLARVILLE STREET
WILMINGTON, MA 01887

New Mailing Address:

200 BALLARVALE STREET
WILMINGTON, MA 01887

FEI Number: 20-8924373

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: DP () Delete
Name: MELONE, WILLIAM
Address: 200 BALLARVILLE STREET
City-St-Zip: WILMINGTON, MA 01887

Title: DT () Delete
Name: FRASER, DEBORAH A
Address: 200 BALLARVILLE STREET
City-St-Zip: WILMINGTON, MA 01887

Title: D () Delete
Name: SANTOMASSIMO, CHRISTOPHER M
Address: 100 CHALLENGER ROAD
City-St-Zip: RIDGEFIELD PARK, NJ 07660

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MELONE, WILLIAM G
Address: 200 BALLARVALE STREET
City-St-Zip: WILMINGTON, MA 01887

Title: DT (X) Change () Addition
Name: FRASER, DEBORAH A
Address: 200 BALLARVALE STREET
City-St-Zip: WILMINGTON, MA 01887

Title: DS (X) Change () Addition
Name: FRASER, DEBORAH A
Address: 200 BALLARDVALE STREET
City-St-Zip: WILMINGTON, MA 01887

Title: D () Change (X) Addition
Name: BART, VAN ISTERDAEL
Address: 200 BALLARDVALE STREET
City-St-Zip: WILMINGTON, MA 01887

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: WILLIAM G. MELONE

DP

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date