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09 MAY 11 AM 11:35

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000004668 MERRIMACK COLLEGE, CO.			
Principal Place of Business 315 TURNPIKE ST. N. ANDOVER, MA 01845		Mailing Address 315 TURNPIKE ST. N. ANDOVER, MA 01845	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent INCORP SERVICES INC. 17888 87TH CT, NORTH LOXAHATCHEE, FL 33470		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 <u>[Signature]</u> on behalf of <u>InCorp Services, Inc.</u> 4/30/09 <small>Signature, print or printed name of registered agent and title of corporation (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50		In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GIRARD, FRANCIS E 7 TRAGABIGZANDA RD. GLOUCESTER, MA 01930 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Shine, Daniel J. 11 Granada Way Andover, MA 01810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DEMERS, LAURENCE M P. O. BOX 850 HERSHEY, PA 17033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Demera, Laurence M P.O. Box 850 Hershey, PA 17033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTAGATI, RICHARD J 315 TURNPIKE ST., BOX A21 N. ANDOVER, MA 01843 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Champagne, Ronald O. 315 Turnpike St., Box A21 N. Andover, MA 01845 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J WILSON, JAMES X 7 OLDE VILLAGE CR. SALEM, MA 01970 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Maraghy, Patrick J. 21 Buttonwood Drive Andover, MA 01810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, JOSEPH X 200 CLARENDON ST. BOSTON, MA 02116 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kinton, Thomas J. One Harborside Drive, Suite 2008 East Boston, MA 02128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CALDERON, JOSEPH O 800 LANCASTER AVE. VILLANOVA, PA 19085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800155776488 05/11/09--01047--027 **122.50
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 617, 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: <u>Ronald O. Champagne, Ph.D.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>[Signature]</u> 5/11/09 <small>(Date)</small>	

REINSTATEMENT 08-09
04/28/09 REINSTAT 09/09 (1/07)

5/11/09