

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004668

FILED
Jan 06, 2010
Secretary of State

Entity Name: MERRIMACK COLLEGE, CO.

Current Principal Place of Business:

315 TURNPIKE ST.
N. ANDOVER, MA 01845

New Principal Place of Business:

Current Mailing Address:

315 TURNPIKE ST.
N. ANDOVER, MA 01845

New Mailing Address:

FEI Number: 04-2103731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES INC.
17888 67TH CT. NORTH
LOXAHATCHEE, FL 33470 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

OFFICERS AND DIRECTORS:

Title: VC
Name: SHINE, DANIEL
Address: 11 GRANADA WAY
City-St-Zip: ANDOVER, MA 01810

Title: C
Name: DEMERS, LAURENCE M
Address: P. O. BOX 850
City-St-Zip: HERSHEY, PA 17033

Title: P
Name: CHAMPAGNE, RONALD O
Address: 315 TURNPIKE ST.
City-St-Zip: N. ANDOVER, MA 01845

Title: T
Name: MARAGHY, PATRICK
Address: 21 BUTTONWOOD DRIVE
City-St-Zip: ANDOVER, MA 01810

Title: D
Name: KINTON, THOMAS J
Address: ONE HARBORSIDE DRIVE, SUITE 2008
City-St-Zip: EAST BOSTON, MA 02128

Title: D
Name: CALDERON, JOSEPH D
Address: 800 LANCASTER AVE.
City-St-Zip: VILLANOVA, PA 19085

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD O. CHAMPAGNE

DR.

01/06/2010

Electronic Signature of Signing Officer or Director

Date