

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005550

Entity Name: SEI ENGINEERING INC.

FILED  
Feb 01, 2009  
Secretary of State

## Current Principal Place of Business:

88 BLACK FALCON AVE  
BOSTON, MA 02210

## New Principal Place of Business:

88 BLACK FALCON AVE  
SUITE 210  
BOSTON, MA 02210

## Current Mailing Address:

88 BLACK FALCON AVE  
BOSTON, MA 02210

## New Mailing Address:

88 BLACK FALCON AVE  
SUITE 210  
BOSTON, MA 02210

FEI Number: 26-1202349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CV ( ) Delete  
Name: COOPER, DAVID  
Address: C/O 475 5TH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: VCST ( ) Delete  
Name: COOPER, DAVID  
Address: C/O 475 5TH AVENUE  
City-St-Zip: NEW YORK, NY 10017

Title: DP ( ) Delete  
Name: GRACILIERI, ROBERT A  
Address: 88 BLACK FALCON AVE  
City-St-Zip: BOSTON, MA 02210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT A. GRACILIERI

DP

02/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date