

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000732

FILED
Jan 12, 2009
Secretary of State

Entity Name: CHARLES W. CAMMACK ASSOCIATES INC.

Current Principal Place of Business:

2 RECTOR STREET
23RD FLOOR
NEW YORK, NY 10006

New Principal Place of Business:

Current Mailing Address:

2 RECTOR STREET
23RD FLOOR
NEW YORK, NY 10006

New Mailing Address:

FEI Number: 13-3052851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: MANIN, MARK B
Address: 65 WILLIAM STREET, SUITE 100
City-St-Zip: WELLESLEY, MA 04281

Title: CEO () Delete
Name: SCHOFFELN, EMILE J
Address: 2 RECTOR STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: SD () Delete
Name: SCHOFFELN, NANCY
Address: 2 RECTOR STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: T () Delete
Name: ALLEN, EARLE W
Address: 2 RECTOR STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: S () Delete
Name: ALLEN, EARLE W ASST.
Address: 2 RECTOR STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: D (X) Delete
Name: MORGAN, CHARLES B
Address: 2 RECTOR STREET, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

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:

Title: () Change () Addition
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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: MICHAEL R CARTER

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date