

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000734

FILED
Jan 12, 2009
Secretary of State

Entity Name: CAMMACK LARHETTE BROKERAGE, INC.

Current Principal Place of Business:

65 WILLIAM STREET
SUITE 100
WELLESLEY, MA 02481

New Principal Place of Business:

Current Mailing Address:

65 WILLIAM STREET
SUITE 100
WELLESLEY, MA 02481

New Mailing Address:

FEI Number: 04-3516344

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: CHRM () Delete
Name: MANIN, MARK D
Address: 65 WILLIAM STREET, SUITE 100
City-St-Zip: WELLESLEY, MA 02481

Title: PD () Delete
Name: MANIN, MARK D
Address: 2 RECTOR ST. 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

Title: SD () Delete
Name: SCHOFFELEN, NANCY L
Address: 2 RECTOR ST. 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MANIN, MARK B
Address: 65 WILLIAM STREET, SUITE 100
City-St-Zip: WELLESLEY, MA 02481

Title: PD (X) Change () Addition
Name: MANIN, MARK B
Address: 65 WILLIAM STREET, SUITE 100
City-St-Zip: WELLESLEY, MA 02481

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

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

Title: S (X) Change () Addition
Name: ALLEN, EARLE W
Address: 2 RECTOR ST. 23RD FLOOR
City-St-Zip: NEW YORK, NY 10006

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

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