2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# F08000001808

Entity Name: THE MAY INSTITUTE, INCORPORATED

Current Principal Place of Business:

41 PACELLA PARK DRIVE
RANDOLPH, MA 02368

New Principal Place of Business:

Current Mailing Address:

41 PACELLA PARK DRIVE
RANDOLPH, MA 02368

New Mailing Address:

FEI Number: 04-2197449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	CHRM	( ) Delete
Name:	BERKWITS, JORY	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	VCHR	( ) Delete
Name:	RICCIATO, DON	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	P	( ) Delete
Name:	CHRISTIAN, WALTER P PH.D	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	CFO	(X) Delete
Name:	RUSSO, DENNIS C PH.D	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	S	( ) Delete
Name:	YOUNG, STEPHEN	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	
Title:	T	( ) Delete
Name:	MILCZAREK, MICHAEL	
Address:	41 PACELLA PARK DRIVE	
City-St-Zip:	RANDOLPH, MA 02368	

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

SIGNATURE: MICHAEL MILCZAREK T 03/26/2009

Electronic Signature of Signing Officer or Director — Date