## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000002347

Entity Name: MICROFINANCE INTERNATIONAL CORPORATION

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1325 MASSACHUSETTS AVE NW SUITE 250 WASHINGTON, DC 20005				1090 VERMONT AVENUE, NW SUITE 1250 WASHINGTON, DC 20005			
Current Mailing Address:				New Mailing Address:			
1325 MASSACHUSETTS AVE NW SUITE 250 WASHINGTON, DC 20005				1090 VERMONT AVENUE, NW SUITE 1250 WASHINGTON, DC 20005			
FEI Number: 55-0839190 FEI Number Applied For ( ) FEI Number			FEI Nun	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., SUITE 4 WESTON, FL 33331 US							
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.							
SIGNATUR							
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	ORR, JAMES	Delete T NW SUITE 200 DC 20036		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip: Title:	TOCHISAKO, A 1325 MASSACH WASHINGTON,  DVCO () SCHMITZ, KAI I 1325 MASSACH WASHINGTON,  D () MOSS, WILLIAI 746 WALKER F GREAT FALLS,  D () YUKI, TOMOHII 1015 18TH ST I WASHINGTON,	Delete MUSETTS AVE NW SUITE 250 DC 20005  Delete MUSETTS AVE NW SUITE 250 DC 20005  Delete MUC RD SUITE 10-115 VA 22066  Delete RO NW SUITE 504		Title: Name: Address: City-St-Zip: Title: Title: Title: Title: Title: Title: Title: Title:	TOCHISAKO, A 1090 VERMON WASHINGTON  DVCO (X SCHMITZ, KAI 1090 VERMON WASHINGTON  (	IT AVENUE, NW SUITI I, DC 20005 () Change ( ) Addition M IT AVENUE, NW SUITI	E 1250
Name: Address: City-St-Zip: I hereby ce Statutes. I electronic s	BIRD, THOMAS  151 EVERETT  CONCORD, MA  rtify that the infulther certify to the continuity of the cont	W	n this rep f made u	Name: Address: City-St-Zip: oot qualify for ort or supple nder oath; th	r the exemptic emental repor lat I am an offi	on stated in Chapte t is true and accur icer or director of t	ate and that my he corporation or

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL WEISS

Date

04/29/2009

SVP