

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002790

FILED
Apr 17, 2009
Secretary of State

Entity Name: NIMBLE ASSESSMENT SYSTEMS, INC.

Current Principal Place of Business:

51 CLOVELLY RD
WELLESLEY, MA 02481

New Principal Place of Business:

3 BRIDGE ST.
SUITE B101
NEWTON, MA 02458

Current Mailing Address:

51 CLOVELLY RD
WELLESLEY, MA 02481

New Mailing Address:

3 BRIDGE ST.
SUITE B101
NEWTON, MA 02458

FEI Number: 16-1738626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, SHARON
951 CAO E SAN BLAS RD.
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

GRIFFITH, SHARON
951 CAPE SAN BLAS RD.
PORT ST. JOE, FL 32456 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.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: RUSSELL, MICHAEL
Address: 51 CLOVELLY RD
City-St-Zip: WELLESLEY, MA 02481

Title: VCT () Delete
Name: HOFFMANN, THOMAS
Address: 55 CARKETIB ST.
City-St-Zip: NEWTON, MA 02458

Title: DP () Delete
Name: KISH, LIANA
Address: 51 CLOVELLY RD
City-St-Zip: WELLESLEY, MA 02481

Title: D () Delete
Name: RACZEK, ANASTASIA
Address: 51 CLOVELLY RD
City-St-Zip: WELLESLEY, MA 02481

Title: VP () Delete
Name: HOFFMANN, THOMAS
Address: 55 CARLETON ST.
City-St-Zip: NEWTON, MA 02458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCT (X) Change () Addition
Name: HOFFMANN, THOMAS
Address: 55 CARLETON ST.
City-St-Zip: NEWTON, MA 02458

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: THOMAS HOFFMANN

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date