

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003684

FILED
Apr 21, 2009
Secretary of State

Entity Name: CBI RESEARCH, INC.

Current Principal Place of Business:

500 W CUMMINGS PARK SUITE 5100
WOBURN, MA 01801

New Principal Place of Business:

600 UNICORN PARK DRIVE
WOBURN, MA 01801

Current Mailing Address:

131 WEST FIRST STREET
DULUTH, MN 55802

New Mailing Address:

FEI Number: 04-3545110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TROELLER, SCOTT
Address: 350 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: RUSSELL, CHRISTOPHER
Address: 350 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: DCEO () Delete
Name: LOGGIA, JOE
Address: 6200 CANOGA AVE
City-St-Zip: WOODLAND HILLS, CA 91367

Title: VS () Delete
Name: O'BRIEN, SHELBY
Address: 131 WEST FIRST STREET
City-St-Zip: DULUTH, MN 55802

Title: P () Delete
Name: COFFEY, KATHY
Address: 600 UNICORN PARK DRIVE
City-St-Zip: WOBURN, MA 01801

Title: VS (X) Delete
Name: HEWINS, WARD
Address: DAMONMILL SQUARE SUITE 6A
City-St-Zip: CONCORD, MA 01742

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: VP (X) Change () Addition
Name: HEWINS, WARD
Address: DAMONMILL SQUARE
City-St-Zip: CONCORD, MA 01742

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: THEODORE ALPERT

CFO

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date