2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# F08000005310

Entity Name: USS CONSTITUTION MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

CHARLESTOWN NAVY YARD
BUILDING 22
BOSTON, MA 02129

New Principal Place of Business:

Current Mailing Address:

PO BOX 1812
BOSTON, MA 02129

New Mailing Address:

FEI Number: 04-2505888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FENDELL, JAMES
7979 NW 21ST STREET
DORAL, FL 33102 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:	P	( ) Delete
Name:	STOKES, JAMES	
Address:	1 FEDERAL ST, BINGHAM MCCUTCHEN	
City-St-Zip:	BOSTON, MA 02110	
Title:	VP	( ) Delete
Name:	HAWKES, JAMES	
Address:	5 NORTON POINT	
City-St-Zip:	MANCHESTER, MA 01944	
Title:	VP	( ) Delete
Name:	KEARNEY, GARY	
Address:	319 LONGWOOD AVE	
City-St-Zip:	BOSTON, MA 02115	
Title:	VP	( ) Delete
Name:	RICE, WILLIAM	
Address:	ONE POST OFFICE SQ, ANCHOR CAPITAL	
City-St-Zip:	BOSTON, MA 02109	
Title:	S	( ) Delete
Name:	MCDONOUGH, PAUL	
Address:	64 WALKER STREET	
City-St-Zip:	CHARLESTON, MA 02129	
Title:	T	( ) Delete
Name:	WHITE, WILLIAM	
Address:	PO BOX 548	
City-St-Zip:	RED BANK, NJ 07701	

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: ADRIAN BRESLER CFO 02/04/2009

Electronic Signature of Signing Officer or Director — Date