

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001028

FILED
Apr 27, 2009
Secretary of State

Entity Name: BRF CORPORATION OF MASSACHUSETTS

Current Principal Place of Business:

ONE BEACON STREET, STE. 1500
TAX DEPT.
BOSTON, MA 02108

New Principal Place of Business:

Current Mailing Address:

ONE BEACON STREET, STE. 1500
TAX DEPT.
BOSTON, MA 02108

New Mailing Address:

FEI Number: 04-2985681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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: KRUPP, DOUGLAS
Address: ONE BEACON STREET, STE. 1500
City-St-Zip: BOSTON, MA 02108

Title: D () Delete
Name: KRUPP, GEORGE
Address: ONE BEACON STREET, STE. 1400
City-St-Zip: BOSTON, MA 02108

Title: P () Delete
Name: APESECHE, FRANK
Address: ONE BEACON STREET, SUITE 1500
City-St-Zip: BOSTON, MA 02108

Title: A T () Delete
Name: UMANZIO, CLAIRE
Address: ONE BEACON STREET, STE. 1500
City-St-Zip: BOSTON, MA 02108

Title: VP () Delete
Name: ZARONNY, WAYNE
Address: ONE BEACON STREET, STE. 1500
City-St-Zip: BOSTON, MA 02108

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:

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: CLAIRE UMANZIO

ATRS

04/27/2009

Electronic Signature of Signing Officer or Director

Date