


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90086 049 \*\*\*150.00

**DOCUMENT # F93000004103**

1. Entity Name  
**CITIZENS MANAGEMENT, INC.**



Principal Place of Business      Mailing Address  
**440 LINCOLN CTREET**      **440 LINCOLN ST**  
**WORCESTER, MA 01653 US**      **WORCESTER, MA 01653 US**

**60024776**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03082007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**04-3166066**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HUBER, KENDALL J</b> <b>440 LINCOLN ST</b> <b>WORCESTER, MA 01633</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUDIE, KENNETH W</b> <b>440 LINCOLN ST.</b> <b>WORCESTER, MA 01653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>PARRY, III, EDWARD J</b> <b>440 LINCOLN ST</b> <b>WORCESTER, MA 01653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CRONIN, CHARLES F</b> <b>440 LINCOLN STREET</b> <b>WORESTER, MA 01653</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles F. Cronin, Charles F. Cronin, Secretary      3/8/2007 508-855-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# ATTACHMENT

60024776

#F93000004103

## Citizens Management Inc.

<u>Director</u>	<u>Title</u>	<u>Start Date</u>
J. Kendall Huber	Director	06/19/2000
Kenneth W. Mudie	Director	11/30/2001

<u>Officer</u>	<u>Title</u>	<u>Start Date</u>
William J. Cahill Jr.	Assistant Secretary	11/30/2001
Charles F. Cronin	Secretary	06/01/2000
Lee D. Davidson	Vice President	11/30/2001
	Chief Compliance Officer	11/30/2001
* Scott W. Gaffner	Vice President	11/30/2001
Edward P. Krause	Assistant Treasurer	01/25/2006
John R. Larson	Assistant Treasurer	02/24/2005
Michael K. Malone	Vice President	11/10/1995
Mark C. McGivney	Treasurer	03/31/2000
Kenneth W. Mudie	President	07/23/2001-
Edward J. Parry III	Vice President	04/27/1994
	Assistant Treasurer	03/31/2000
* Evelyn A. Tomaszycski	Assistant Treasurer	11/30/2001

Business address of officers  
440 Lincoln Street  
Worcester, MA 01653-0002

\* Business address of these officers  
645 W. Grand River Avenue  
Howell, MI 48843-2151