2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000359

Entity Name: GHG GOLDENROD, INC.

FILED Jan 14, 2009 Secretary of State

	rincipal Place			
C/O THE			New Principal Pla	ce or Business:
400 EODE	GATEHOUSE C	BROUP, INC		
	BES BLVD. LD, MA 02048	US		
IVIAINOI IL	LD, MA 02040	00		
Current Mailing Address:			New Mailing Address:	
C/O THE	GATEHOUSE G	BROUP, INC		
	BES BLVD.			
MANSFIE	LD, MA 02048	US		
FEI Number	: 04-3214853	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
MUSEUM C/O STEA	OUGH, BRIAN TOWER, 150 V RNS WEAVER 33130 US	V. FLAGLER ST, STE 2200 MILLER		
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registe	ered office or registered agent, or botl
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHAP	IGES TO OFFICERS AND DIRECTO
Title:	PCD ()	Delete	Title:	() Change () Addition
Name:	PLONSKIER, MA		Name:	() 5.12.195 () . 122.115.1
Address:	·	E GROUP, 120 FORBES BLVD.	Address:	
City-St-Zip:	MANSFIELD, MA	A 02048 US	City-St-Zip:	
Title:	EVPD ()	Delete	Title:	() Change () Addition
Name:	CANEPARI, DAV		Name:	() Change () / Iddition
Address:		E GROUP, 120 FORBES BLVD.	Address:	
City-St-Zip:	MANSFIELD, MA		City-St-Zip:	
Title:	ASC ()	Delete	Title:	() Change () Addition
Name:	HAMPTON, SAR		Name:	() Sharige () Addition
Address:	,	E GROUP, 120 FORBES BLVD.	Address:	
City-St-Zip:	MANSFIELD, MA	*	City-St-Zip:	
Title:	T ()	Delete	Title:	() Change () Addition
Name:	YORKSHAITIS,		Name:	() =
Address:		E GROUP, 120 FORBES BLVD.	Address:	
City-St-Zip:	MANSFIELD, MA		City-St-Zip:	
Title:	AST ()	Delete	Title:	() Change () Addition
Name:	MCAVOY, JENN		Name:	() Change () Addition
Address:	120 FORBES BI		Address:	

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.

City-St-Zip:

SIGNATURE: MARC S PLONSKIER PCD 01/14/2009

City-St-Zip: MANSFIELD, MA 02048 US