2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# F94000001717

Entity Name: MASS REFRESHMENT CORP.

Current Principal Place of Business:

130 ROYALL STREET
CANTON, MA 02021 US

New Principal Place of Business:

Current Mailing Address:

130 ROYALL STREET
LEGAL DEPT. 3 EAST A
CANTON, MA 02021 US

New Mailing Address:

FEI Number: 04-2197901 **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: PD ( ) Delete
Name: LAVELLE, KATE S
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021 US

Title: DV ( ) Delete
Name: STEDMAN, N. SCOTT
Address: 36 LEIGHTON ROAD
City-St-Zip: WELLESLEY, MA 02482

Title: DS ( ) Delete
Name: HORN, STEPHEN
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021 US

Title: DT ( ) Delete
Name: STEDMAN, BARBARA
Address: 36 LEIGHTON RD
City-St-Zip: WELLESLEY, MA 02482

Title: AS ( ) Delete
Name: HOLMES, AUDREY
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MACEDA, JASON
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: REMILLARD, L. J JR.
Address: 130 ROYALL STREET
City-St-Zip: CANTON, MA 02021 US

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: AUDREY E. HOLMES AS 04/03/2009

Electronic Signature of Signing Officer or Director — Date