

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005273

FILED
Feb 06, 2009
Secretary of State

Entity Name: ESSEX SOUTHEAST PARTNERS INCORPORATED

Current Principal Place of Business:

C/O NORTHLAND INVESTMENT
2150 WASHINGTON STREET
NEWTON, MA 02462 US

New Principal Place of Business:

Current Mailing Address:

C/O NORTHLAND INVESTMENT
2150 WASHINGTON STREET
NEWTON, MA 02462 US

New Mailing Address:

FEI Number: 04-3248170

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
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: TIMOTHY J. O'BRIEN

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: GOTTESDIENER, LAWRENCE R
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: PD () Delete
Name: GATOF, ROBERT S
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: CEO () Delete
Name: ROSENTHAL, STEVEN P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: T () Delete
Name: CONSOLI, MARK P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

Title: S () Delete
Name: ABAIR, SUZANNE
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ROSENTHAL, STEVEN P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

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

Title: T (X) Change () Addition
Name: ROSENTHAL, STEVEN P
Address: 2150 WASHINGTON STREET
City-St-Zip: NEWTON, MA 02462

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: SUZANNE ABAIR

SECY

02/06/2009

Electronic Signature of Signing Officer or Director

Date