

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006396

FILED
Jan 15, 2007
Secretary of State

Entity Name: MODERN CONTINENTAL SOUTH, INC.

Current Principal Place of Business:

600 MEMORIAL DRIVE
CAMBRIDGE, MA 02139

New Principal Place of Business:

Current Mailing Address:

600 MEMORIAL DRIVE
CAMBRIDGE, MA 02139

New Mailing Address:

FEI Number: 57-1058766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PT () Delete
Name: PASTORE, JOHN
Address: 600 MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: S () Delete
Name: BERRY, ROBERT J
Address: 600 MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: VP () Delete
Name: BERRY, ROBERT J
Address: 600 MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 02139

Title: D () Delete
Name: MARINO, MASSIMO
Address: 600 MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 02139

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN H. PASTORE

PT

01/15/2007

Electronic Signature of Signing Officer or Director

_____ Date