

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003320

FILED
Mar 23, 2009
Secretary of State

Entity Name: LISTA INTERNATIONAL CORPORATION

Current Principal Place of Business:

106 LOWLAND ST
HOLLISTON, MA 01746 US

New Principal Place of Business:

Current Mailing Address:

106 LOWLAND ST
HOLLISTON, MA 01746 US

New Mailing Address:

FEI Number: 04-2440593 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: PRES () Delete
Name: BROWN, DONALD D
Address: 263 SOUTH STREET APT 1
City-St-Zip: HOLLISTON, MA 01746

Title: TREA (X) Delete
Name: FALCONE, DEBERA
Address: 93 SPRINGHILL DR.
City-St-Zip: N.ATTEBORO, MA 02760

Title: VICE () Delete
Name: ALFIERI, JOHN A
Address: 3 CRANMORE RD
City-St-Zip: MEDFIELD, MA 02052

Title: DIR () Delete
Name: BROWN, DON
Address: 263 SOUTH STREET
City-St-Zip: HOLLISTON, MA 01746 US

Title: DIR () Delete
Name: EMODI, ANDREAS
Address: FABRIKSTRASSE 1
City-St-Zip: 8586 ERLLEN, SWITZERLAND, CH CH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LARIVIERE, PETER
Address: 71 BAKER RD
City-St-Zip: SALISBURY, MA 01952

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 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: PETER LARIVIERE

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date