

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005171

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: JAMIESON MANAGEMENT COMPANY, INC.

## Current Principal Place of Business:

627 MAIN ST.  
#1  
WOBURN, MA 01801

## New Principal Place of Business:

## Current Mailing Address:

627 MAIN ST.  
#1  
WOBURN, MA 01801

## New Mailing Address:

FEI Number: 04-3378024

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JAMIESON, ROBERT J  
1111 N. GULFSTREAM AVE #18B  
SARASOTA, FL 34236 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: JAMIESON, ROBERT J  
Address: 1111 N. GULFSTREAM AVE #18B  
City-St-Zip: SARASOTA, FL 34236

Title: TD ( ) Delete  
Name: JAMIESON, SUSAN E  
Address: 1111 N. GULFSTREAM AVE # 18B  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: JAMIESON, PETER C  
Address: 5 COYNE DRIVE  
City-St-Zip: WOBURN, MA 01801

Title: D ( ) Delete  
Name: JAMIESON, DAVID S  
Address: 3 BURLINGTON ST.  
City-St-Zip: WOBURN, MA 01801

Title: D ( ) Delete  
Name: JAMIESON, PAUL J  
Address: 207 TEMPLE ST.  
City-St-Zip: WEST ROXBURY, MA 02132

Title: DC ( ) Delete  
Name: JAMIESON, SCOTT J  
Address: 4 HAMMOND WAY  
City-St-Zip: ANDOVER, MA 01810

## 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:

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: ROBERT JAMIESON

D

06/17/2009

Electronic Signature of Signing Officer or Director

Date