2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT J. JAMIESON PD 04/19/2011

Electronic Signature of Signing Officer or Director — Date