

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005452

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: GATEHOUSE MANAGEMENT, INC.

## Current Principal Place of Business:

120 FORBES BLVD.  
MANSFIELD, MA 02048 US

## New Principal Place of Business:

## Current Mailing Address:

120 FORBES BLVD.  
MANSFIELD, MA 02048 US

## New Mailing Address:

FEI Number: 04-3247041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J  
150 W. FLAGLER ST., SUITE 2200  
C/O STEARNS WEAVER MILLER  
MIAMI, FL 33130 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: PSCD ( ) Delete  
Name: CANEPARI, DAVID J  
Address: 120 FORBES BLVD  
City-St-Zip: MANSFIELD, MA 02048 US

Title: EVPD ( ) Delete  
Name: PLONSKIER, MARC S  
Address: 120 FORBES BLVD.  
City-St-Zip: MANSFIELD, MA 02048 US

Title: AST ( ) Delete  
Name: MCAVOY, JENNIFER  
Address: 120 FORBES BLVD.  
City-St-Zip: MANSFIELD, MA 02048 US

Title: ASC ( ) Delete  
Name: HAMPTON, SARITA  
Address: 120 FORBES BLVD.  
City-St-Zip: MANSFIELD, MA 02048 US

Title: T ( ) Delete  
Name: YORKSHAITIS, ROGER  
Address: 120 FORBES BLVD.  
City-St-Zip: MANSFIELD, MA 02048 US

## 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:

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: DAVID J. CANEPARI

PSCD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date