

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000005624

FILED
Jan 22, 2008
Secretary of State

Entity Name: PERINI MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

73 MOUNT WAYTE AVE.
FRAMINGHAM, MA 017019160

New Principal Place of Business:

Current Mailing Address:

73 MOUNT WAYTE AVE.
FRAMINGHAM, MA 017019160

New Mailing Address:

FEI Number: 04-2585210

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: PD () Delete
Name: BAND, ROBERT
Address: 19 WILLIAM J. HEIGHTS
City-St-Zip: FRAMINGHAM, MA 01701

Title: D () Delete
Name: RIZZO, RICHARD J
Address: 4732 ARROYA DRIVE
City-St-Zip: PARADISE VALLEY, AZ 85253

Title: SRVP () Delete
Name: WOODS, KEVIN J
Address: 20200 ST ANDREWS CT
City-St-Zip: OLYMPIA FIELDS, IL 60461

Title: ASCD () Delete
Name: ORTEGA, ROSEMARY A
Address: 16 MARION STREET
City-St-Zip: UXBRIDGE, MA 01569

Title: TD () Delete
Name: MICHAEL, CISKEY E
Address: 2 RACEBROOK DR
City-St-Zip: BETHEL, CT 06801

Title: V () Delete
Name: SHAW, CRAIG W
Address: 13 E. OAKWOOD HILLS DR.
City-St-Zip: CHANDLER, AZ 85248

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: ROSEMARY ORTEGA

ASCD

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date