

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002861

Entity Name: HALEY & ALDRICH, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

465 MEDFORD STREET, SUITE 2200  
BOSTON, MA 02129

## New Principal Place of Business:

## Current Mailing Address:

465 MEDFORD STREET, SUITE 2200  
BOSTON, MA 02129

## New Mailing Address:

FEI Number: 04-2295689

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: TD ( ) Delete  
Name: SMITH, LAWRENCE P  
Address: 465 MEDFORD STREET, SUITE 2200  
City-St-Zip: BOSTON, MA 02129

Title: D ( ) Delete  
Name: GORCZYCA, MARYA E  
Address: 465 MEDFORD ST., SUITE 2200  
City-St-Zip: BOSTON, MA 02129

Title: D ( ) Delete  
Name: HAGEN, DAVID J  
Address: 5755 GRANGER ROAD, STE. 320  
City-St-Zip: CLEVELAND, OH 44131

Title: D ( ) Delete  
Name: KISER, DAVID B  
Address: 16 PHEASANT TRAIL  
City-St-Zip: WESTON, MA 02493

Title: PCD ( ) Delete  
Name: BEVERLY, BRUCE E  
Address: 465 MEDFORD STREET, SUITE 2200  
City-St-Zip: BOSTON, MA 02129

Title: D ( ) Delete  
Name: FISHER, WILLIAM R  
Address: 75 WASHINGTON AVENUE, STE. 203  
City-St-Zip: PORTLAND, ME 04101

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MIREMADI, MEHDI N  
Address: 9040 FRIARS RD., STE. 220  
City-St-Zip: SAN DIEGO, CA 92108

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: BRUCE E. BEVERLY

PCD

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date