2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# F99000004143

Entity Name: KLD ASSOCIATES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
47 MALL DRIVE STE 8 COMMACK, NY 11725	43 CORPORATE DRIVE HAUPPAUGE, NY 11788 US

Current Mailing Address:	**New Mailing Address:**
47 MALL DRIVE STE 8 COMMACK, NY 11725	43 CORPORATE DRIVE HAUPPAUGE, NY 11788 US

FEI Number: 11-2233459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 US	

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:		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**	
Title:	P/T ( ) Delete	Title:	( ) Change ( ) Addition
Name:	YEDLIN, MARK	Name:	
Address:	47 MALL DR., STE. 8	Address:	
City-St-Zip:	COMMACK, NY 11725	City-St-Zip:	
Title:	EVP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MCSHANE, WILLIAM R	Name:	
Address:	47 MALL DRIVE STE 8	Address:	
City-St-Zip:	COMMACK, NY 11725	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ANDREWS, BARBARA	Name:	
Address:	47 MALL DRIVE STE 8	Address:	
City-St-Zip:	COMMACK, NY 11725	City-St-Zip:	
Title:	D ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GOLDBLATT, REUBEN	Name:	
Address:	47 MALL DRIVE STE 8	Address:	
City-St-Zip:	COMMACK, NY 11725	City-St-Zip:	
Title:	VP ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LIEBERMAN, EDWARD	Name:	
Address:	47 MALL DRIVE STE 8	Address:	
City-St-Zip:	COMMACK, NY 11725	City-St-Zip:	
Title:	S ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LANDSMAN, ROCHELLE	Name:	
Address:	47 MALL DRIVE STE 8	Address:	
City-St-Zip:	COMMACK, NY 11725	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: ROCHELLE LANDSMAN S 01/22/2009
Electronic Signature of Signing Officer or Director Date