2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# F99000005804

Entity Name: BEACON APPLICATION SERVICES CORPORATION

Current Principal Place of Business:

959 CONCORD STREET
SUITE 250
FRAMINGHAM, MA 01701

New Principal Place of Business:

Current Mailing Address:

959 CONCORD STREET
SUITE 250
FRAMINGHAM, MA 01701

New Mailing Address:

FEI Number: 04-3097948 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: MAUDE, DANIEL P
Address: 4 CERULEAN WAY
City-St-Zip: LINCOLN, MA 01773

Title: CLKD ( ) Delete
Name: OSIT, MADELINE
Address: 4 CERULEAN WAY
City-St-Zip: LINCOLN, MA 01773

Title: T ( ) Delete
Name: MAUDE, DANIEL P
Address: 4 CERULEAN WAY
City-St-Zip: LINCOLN, MA 01773

Title: D ( ) Delete
Name: EDDY, DAVID
Address: 42 TYLER TERRACE
City-St-Zip: NEWTON CENTRE, MA 02159

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:

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: MELANIE HAY VP 02/20/2009

Electronic Signature of Signing Officer or Director — Date