

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01992

Entity Name: DELINT, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

115 FRANKLIN ST
C/O THOMAS NEEDHAM
BANGOR, ME 04402 US

New Principal Place of Business:

Current Mailing Address:

1000 MARKET ST
BLDG 1
PORTSMOUTH, NH 03801 US

New Mailing Address:

FEI Number: 06-1107472 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: WALSH, MICHAEL P.
Address: 1001 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: S () Delete
Name: NEEDHAM, THOMAS E.
Address: 115 FRANKLIN STREET
City-St-Zip: BANGOR, ME

Title: TDV () Delete
Name: WALSH, MARK T.
Address: 1001 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: WALSH, THOMAS T.
Address: 100 MARKET STREET
City-St-Zip: PORTSMOUTH, NH 03801

Title: D () Delete
Name: WALSH, WILLIAM J.
Address: 1000 MARKET ST BLDG 1
City-St-Zip: PORTSMOUTH, NH 03801

Title: VP () Delete
Name: MCMURRIAN, THOMAS T.
Address: 1001 E ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33483

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:

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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: MICHAEL P. WALSH

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date