

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077162

FILED
Apr 30, 2008
Secretary of State

Entity Name: THE CABOT INSTITUTE FOR LABOR RELATIONS, INC.

Current Principal Place of Business:

43 NORTSHORE DR
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

187 TIMOTHY CIRCLE
WAYNE, PA 19087

New Mailing Address:

FEI Number: 56-2519393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CABOT, STEPHEN
43 NORTSHORE DR
PALM COAST, FL 32137 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: P () Delete
Name: CABOT, STEPHEN
Address: 43 NORTSHORE DR
City-St-Zip: PALM COAST, FL 32137

Title: ST () Delete
Name: CABOT, ANNA
Address: 43 NORTSHORE DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANNA CABOT

ST

04/30/2008

Electronic Signature of Signing Officer or Director

Date