

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05805

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: NEXIS, INC. OF DELAWARE

## Current Principal Place of Business:

1105 N. MARKET STREET  
WILMINGTON, DE 19801

## New Principal Place of Business:

## Current Mailing Address:

2 NEWTON PLACE #340  
NEWTON, MA 02458

## New Mailing Address:

FEI Number: 31-1127495      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: SIMONTON, RENEE  
Address: 1105 N. MARKET ST.  
City-St-Zip: WILMINGTON, DE 19801

Title: TD ( ) Delete  
Name: BOTHNER, ELIZABETH F  
Address: 1100 NORTH MARKET STREET  
City-St-Zip: WILMINGTON, DE 19801

Title: SD ( ) Delete  
Name: MULLIGAN, JAMES M. JR  
Address: 1007 NORTH ORANGE STREET  
City-St-Zip: WILMINGTON, DE 19801

Title: VP ( ) Delete  
Name: FONTAINE, CHARLES P  
Address: 2 NEWTON PLACE, SUITE 350  
City-St-Zip: NEWTON, MA 02458

Title: ATAS ( ) Delete  
Name: BOTHNER, ELIZABETH F  
Address: 1105 N MARKET STREET  
City-St-Zip: WILMINGTON, DE 19801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition  
Name: DURANTE, CHARLES J  
Address: 1105 MARKET STREET  
City-St-Zip: WILMINGTON, DE 19801

Title: VP (X) Change ( ) Addition  
Name: INIGUEZ, RUBI L  
Address: 2 NEWTON PLACE, SUITE 350  
City-St-Zip: NEWTON, MA 02458

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: RUBI L. INIGUEZ

VP

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date