

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07353

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: VERAVEST INVESTMENTS, INC.

**Current Principal Place of Business:**

440 LINCOLN STREET  
WORCESTER, MA 016530001

**New Principal Place of Business:**

**Current Mailing Address:**

440 LINCOLN STREET  
C/O CORPORATE SECRETARY  
WORCESTER, MA 016530001

**New Mailing Address:**

FEI Number: 04-2888068      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: P ( ) Delete  
Name: SMITH, MARILYN T  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01581

Title: D ( ) Delete  
Name: HUBER, J. KENDALL  
Address: 440 LINCOLN STREET  
City-St-Zip: WORCESTER, MA 016530001

Title: S ( ) Delete  
Name: CRONIN, CHARLES F  
Address: 57 LONGWOOD DR  
City-St-Zip: LUNENBURG, MA 01462

Title: VP ( ) Delete  
Name: FREEMAN, DEBORAH L  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01653

Title: AT ( ) Delete  
Name: KRAUSE, EDWARD P  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01653

Title: CFO ( ) Delete  
Name: KIMBALL, SANDRA F  
Address: 440 LINCOLN ST  
City-St-Zip: WORCESTER, MA 01653

**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:

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: SANDRA F. KIMBALL

CFO

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date