

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07353

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** VERAVEST INVESTMENTS, INC.

**Current Principal Place of Business:**

440 LINCOLN STREET  
WORCESTER, MA 016530001

**New Principal Place of Business:**

440 LINCOLN STREET  
WORCESTER, MA 01653

**Current Mailing Address:**

440 LINCOLN STREET  
WORCESTER, MA 016530001

**New Mailing Address:**

440 LINCOLN STREET  
WORCESTER, MA 01653

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GREENFIELD, DAVID B  
Address: 440 LINCOLN STEET  
City-St-Zip: WORCESTER, MA 01653

Title: TREA  
Name: TRIPP, ANN K  
Address: 440 LINCOLN STREET  
City-St-Zip: WORCESTER, MA 01653

Title: SECR  
Name: CRONIN, CHARLES F  
Address: 440 LINCOLN STREET  
City-St-Zip: WOCESTER, MA 01653

Title: DIR  
Name: HUBER, J. KENDALL  
Address: 440 LINCOLN STREET  
City-St-Zip: WORCESTER, MA 01653

Title: DIR  
Name: GREENFIELD, DAVID B  
Address: 440 LINCOLN STREET  
City-St-Zip: WORCESTER, MA 01653

I hereby 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 all other like empowered.

SIGNATURE: CHARLES F. CRONIN

SECR

03/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date