


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P09928 1. Entity Name CSL GROUP, INC.	
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Principal Place of Business 400 CENTRE STREET NEWTON, MA 02458 US	Mailing Address 400 CENTRE STREET NEWTON, MA 02458 US
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DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 61-0703072	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOS HEGARTY, DAVID J 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOADLEY, JOHN R. 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CLARK, JENNIFER B 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTNOY, BARRY M 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, GERARD M 400 CENTRE STREET NEWTON, MA 02458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000363220
05/05/05-80151-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4-29-05	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			