

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28635

Entity Name: MOORS & CABOT, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

111 DEVONSHIRE STREET
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

111 DEVONSHIRE STREET
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-2644548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JOSEPH R
1655 PALM BEACH LAKES BLVD
STE C1012
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SCHENCK, RALPH
1655 PALM BEACH LAKES BLVD
STE C1012
WEST PALM BEACH, FL 33401 US

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: RALPH SCHENCK

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOREY, EDWARD
Address: 1111 BRICKEL BAY DRIVE #2008
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: JOYCE, DANIEL M
Address: 6 PIONEER TRAIL
City-St-Zip: MARSHFIELD, MA 02050

Title: D () Delete
Name: BRAUN, MICHAEL
Address: 51 SURREY DRIVE
City-St-Zip: COHASSET, MA 02025

Title: S () Delete
Name: MANNING, LILLIAN
Address: 108 WEST THIRD STREET
City-St-Zip: SO BOSTON, MA 02127

Title: T () Delete
Name: FOLEY, BRIAN
Address: 31 PENNIMAN TERRACE
City-St-Zip: BRAINTREE, MA 02184

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: T (X) Change () Addition
Name: BRAUN, MICHAEL
Address: 51 SURREY DRIVE
City-St-Zip: COHASSET, MA 02025

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: LILLIAN MANNING

S

04/18/2008

Electronic Signature of Signing Officer or Director

Date