2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# S79481

Entity Name: GRAYSON ASSOCIATES, INC.

Current Principal Place of Business:

802 VILLA AVE.
FAIRFIELD, CT 06825

New Principal Place of Business:

Current Mailing Address:

PO BOX 320238
FAIRFIELD, CT 06432

New Mailing Address:

FEI Number: 06-0845658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: GRIEK, DOMINIC
Address: 4059 PARK AVENUE
City-St-Zip: FAIRFIELD, CT 06825

Title: DV ( ) Delete
Name: GRAYSON, KATHERINE
Address: 79 TEMPLAR PLACE
City-St-Zip: OAKLAND, CA 94618

Title: DV ( ) Delete
Name: GRAYSON, JILL
Address: 15 BERKELEY ROAD
City-St-Zip: WESTPORT, CT 06880

Title: S ( ) Delete
Name: CONETTA, ELIZABETH
Address: 46 BROCKWOOD LANE
City-St-Zip: SHELTON, CT 06484

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:

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: ELIZABETH CONETTA S 04/29/2009

Electronic Signature of Signing Officer or Director — Date