

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002790

**Entity Name:** NIMBLE ASSESSMENT SYSTEMS, INC.

**Current Principal Place of Business:**

3 BRIDGE ST.  
SUITE B101  
NEWTON, MA 02458

**FILED**  
**Apr 16, 2013**  
**Secretary of State**  
**CC6441180066**

**Current Mailing Address:**

3 BRIDGE ST.  
SUITE B101  
NEWTON, MA 02458

**FEI Number: 16-1738626**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MARTIN, BORG  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title TD  
Name JOHN, PARSONS  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title VD  
Name LISA, EHRLICH  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title SD  
Name TIMOTHY, CROCKETT  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

Title D  
Name WOODMAN, JOHN  
Address 100 EDUCATION WAY  
City-State-Zip: DOVER NH 03820

*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: JOHN PARSONS**

**DIRECTOR**

**04/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date