

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004086

Entity Name: CRAMER PRODUCTION COMPANY, INC.**Current Principal Place of Business:**425 UNIVERSITY AVE
NORWOOD, MA 02062**Current Mailing Address:**425 UNIVERSITY AVE
NORWOOD, MA 02062**FEI Number:** 20-1291865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR SUITE A
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	PS
Name	MARTIN, THOMAS JSR
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

Title	TSD
Name	MARTIN, GREGORY M
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

Title	D
Name	MARTIN, TIMOTHY W
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

Title	D
Name	WALKER, JULIE
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

Title	D
Name	MARTIN, THOMAS JJR
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

Title	D
Name	MARTIN, CHRISTOPHER P
Address	425 UNIVERSITY AVE
City-State-Zip:	NORWOOD MA 02062

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: GREGORY MARTIN**EVP OF FINANCE****03/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date