

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827186

FILED
Mar 25, 2009
Secretary of State

Entity Name: MAGUIRE GROUP INC.

Current Principal Place of Business:

33 COMMERCIAL ST
STE ONE
FOXBOROUGH, MA 02035

New Principal Place of Business:

Current Mailing Address:

33 COMMERCIAL STREET
SUITE ONE
FOXBOROUGH, MA 02035

New Mailing Address:

FEI Number: 05-0318211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: REPETA, RICHARD J
Address: ONE COURT STREET
City-St-Zip: NEW BRITAIN, CT 06051

Title: VP () Delete
Name: PAPALIA, SHERRILL T
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBOROUGH, MA 02035

Title: VD () Delete
Name: FRITZ, JAMES
Address: ONE COURT STREET
City-St-Zip: NEW BRITAIN, CT 06051

Title: T () Delete
Name: YOST, WILLIAM H JR.
Address: 225 CHAPMAN STREET
City-St-Zip: PROVIDENCE, RI 02905

Title: VD () Delete
Name: MORRISON, PETER
Address: 33 COMMERCIAL STREET
City-St-Zip: FOXBOROUGH, MA 02035

Title: () Delete
Name:
Address:
City-St-Zip:

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: COUSINEAU, TOM
Address: 33 COMMERCIAL STREET, SUITE ONE
City-St-Zip: FOXBOROUGH, MA 02035

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: WILLIAM H. YOST, JR.

_____ Electronic Signature of Signing Officer or Director

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03/25/2009

_____ Date