

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845032

FILED
Mar 27, 2008
Secretary of State

Entity Name: ARMENIAN RELIEF SOCIETY OF EASTERN U.S.A., INC.

Current Principal Place of Business:

80 BIGELOW AVENUE
SUITE 200
WATERTOWN, MA 02472

New Principal Place of Business:

Current Mailing Address:

80 BIGELOW AVENUE
SUITE 200
WATERTOWN, MA 02472

New Mailing Address:

FEI Number: 04-2684459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARSEGHIAN, MURIEL
Address: 20 WOODLAND PARK APT #347
City-St-Zip: LOWELL, MA 01852

Title: VPD () Delete
Name: KILEDJIAN, KNAR
Address: 517 OREGON AVE
City-St-Zip: CLIFFSIDE PARK, NJ 07010

Title: SD () Delete
Name: TCHOLAKIAN, ANAIS
Address: 45-42 41ST STREET #4D
City-St-Zip: SUNNYSIDE, NY 11104

Title: D () Delete
Name: DAVIDIAN, GOHARIK
Address: 12 PASADENA PLACE
City-St-Zip: NEW HEMPSTEAD, NY 10977

Title: D () Delete
Name: ESSAJANIAN, MARY LOU
Address: 2185 WASHINGTON STREET
City-St-Zip: HOLLISTON, MA 01746

Title: TD () Delete
Name: ATTAR, ANNIE
Address: 30978 PINE CONE DR
City-St-Zip: FARMINGTON, MI 48331

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:

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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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL PARSEGHIAN

PD

03/27/2008

Electronic Signature of Signing Officer or Director

Date