

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852800

Entity Name: KAZMAIER ASSOCIATES, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

676 ELM ST
CONCORD, MA 01742

New Principal Place of Business:

Current Mailing Address:

676 ELM ST
CONCORD, MA 01742

New Mailing Address:

FEI Number: 04-2604321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: KAZMAIER, RICHARD W., JR.
Address: 24 DOCKSIDE LANE PMB #29
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: KAZMAIER, RICHARD W JR
Address: 24 DOCKSIDE LANE PMB # 29
City-St-Zip: KEY LARGO, FL 33037

Title: VD () Delete
Name: KAZMAIER, PATRICIA H. .
Address: 24 DOCKSIDE LANE PMB #29
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: COHEN, PHILLIP A
Address: 3140 S OCEAN BLVD SUITE 404 S6
City-St-Zip: PALM BEACH, FL 33480

Title: V () Delete
Name: RUXIN, ROBERT H.,
Address: 8 LARCHMONT LN
City-St-Zip: LEXINGTON, MA 02140

Title: S () Delete
Name: RUXIN, ROBERT H
Address: 8 LARCHMONT LN
City-St-Zip: LEXINGTON, MA 02140

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: D (X) Change () Addition
Name: COHEN, PHILLIP A
Address: 3140 S OCEAN BLVD SUITE 404 SO.
City-St-Zip: PALM BEACH, FL 33480

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: ROBERT H. RUXIN

S

04/02/2009

Electronic Signature of Signing Officer or Director

Date