

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001735

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: 1-800-EAST-WEST MORTGAGE COMPANY

**Current Principal Place of Business:**

171 LOCKE DR, SUITE 107  
MARLBOROUGH, MA 01752

**New Principal Place of Business:**

**Current Mailing Address:**

171 LOCKE DR, SUITE 107  
MARLBOROUGH, MA 01752

**New Mailing Address:**

FEI Number: 04-3077687      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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: PT ( ) Delete  
Name: BERNOTAS, DAVID  
Address: 55 ALGONQUIN ROAD  
City-St-Zip: CANTON, MA 02021

Title: D ( ) Delete  
Name: INGRAM, HERBERT G  
Address: 44 ELM STREET  
City-St-Zip: WORCHESTER, MA 01609

Title: D ( ) Delete  
Name: MASSAD, DAVID G  
Address: 14 JEFFERSON RD  
City-St-Zip: WESTBORO, MA 01581

Title: CD ( ) Delete  
Name: MASSAD, PAMELA A  
Address: 9 JEFFERSON RD  
City-St-Zip: WESTBORO, MA 01581

Title: D ( ) Delete  
Name: THOMPSON, BRIAN L  
Address: 288 IDUNA LANE  
City-St-Zip: AMHERST, MA 01002

Title: D ( ) Delete  
Name: PETERS, R. NORMAN  
Address: 8 OLD LANTERN CIRCLE  
City-St-Zip: PAXTON, MA 01612

**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: ( ) 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: PAMELA A. MASSAD

CD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date