

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004762

FILED
Jan 21, 2009
Secretary of State

Entity Name: LABYRINTH SOLUTIONS INC.

Current Principal Place of Business:

1400 MAIN STREET
WALTHAM, MA 02451

New Principal Place of Business:

Current Mailing Address:

1400 MAIN STREET
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 04-3419715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: ROBERTS, BARRY
Address: 71 GIFFORD WAY
City-St-Zip: DUXBURY, MA 02332 US

Title: SD () Delete
Name: SMITH, STEPHEN
Address: 18 CANTERBURY LANE
City-St-Zip: GROTON, MA 01450 US

Title: TD () Delete
Name: JAJODIA, SHYAMAL
Address: 8 ONEIDA ROAD
City-St-Zip: WINCHESTER, MA 01890 US

Title: VP () Delete
Name: ROACH, STEPHEN CHAIRMA
Address: 48 SPEAR STREET
City-St-Zip: MELROSE, MA 02176 US

Title: DR () Delete
Name: JOHANNES, LOMBARD DIRECT
Address: 8221 NETHERLANDS DR.
City-St-Zip: RALEIGH, NC, NC 27606 US

Title: VP () Delete
Name: MARK, SCHEXNAILDRE
Address: 13710 BAYWATER AVENUE,
City-St-Zip: BATON ROUGE, LA 70810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
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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: STEPHEN SMITH

Electronic Signature of Signing Officer or Director

COO

01/21/2009

Date