

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004762

FILED
Aug 02, 2011
Secretary of State

Entity Name: LABYRINTH SOLUTIONS INC.

Current Principal Place of Business:

144 NORTH RD
SUDBURY, MA 01776

New Principal Place of Business:

Current Mailing Address:

144 NORTH RD
SUDBURY, MA 01776

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

OFFICERS AND DIRECTORS:

Title: DR
Name: ROBERTS, BARRY
Address: 71 GIFFORD WAY
City-St-Zip: DUXBURY, MA 02332 US

Title: PD
Name: SMITH, STEPHEN
Address: 18 CANTERBURY LANE
City-St-Zip: GROTON, MA 01450 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN SMITH

COO

08/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date