

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000734

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: CAMMACK LARHETTE BROKERAGE, INC.

## Current Principal Place of Business:

65 WILLIAM STREET  
SUITE 100  
WELLESLEY, MA 02481

## New Principal Place of Business:

## Current Mailing Address:

65 WILLIAM STREET  
SUITE 100  
WELLESLEY, MA 02481

## New Mailing Address:

FEI Number: 04-3516344      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: CHRM ( ) Delete  
Name: MANIN, MARK D  
Address: 65 WILLIAM STREET, SUITE 100  
City-St-Zip: WELLESLEY, MA 02481

Title: PD ( ) Delete  
Name: MANIN, MARK D  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: SD ( ) Delete  
Name: SCHOFFELEN, NANCY L  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: T ( ) Delete  
Name: ALLEN, EARLE W  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: S ( ) Delete  
Name: ALLEN, EARLE W ASST.  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: D ( ) Delete  
Name: MORGAN, CHARLES B ASST.  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: MANIN, MARK B  
Address: 65 WILLIAM STREET, SUITE 100  
City-St-Zip: WELLESLEY, MA 02481

Title: PD (X) Change ( ) Addition  
Name: MANIN, MARK B  
Address: 65 WILLIAM STREET, SUITE 100  
City-St-Zip: WELLESLEY, MA 02481

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

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

Title: S (X) Change ( ) Addition  
Name: ALLEN, EARLE W  
Address: 2 RECTOR ST. 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

Title: CEO (X) Change ( ) Addition  
Name: SCHOFFELEN, EMILE J  
Address: 2 RECTOR STREET, 23RD FLOOR  
City-St-Zip: NEW YORK, NY 10006

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: MICHAEL R CARTER

Electronic Signature of Signing Officer or Director

VP

01/12/2009

Date