

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000734

FILED
Jan 12, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MICHAEL CARTER

VP

01/12/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date