2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005104

Title:

Name:

Address:

City-St-Zip:

Entity Name: FIRST 1 FINANCIAL CORPORATION

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 CORDWAINER DRIVE NORWELL, MA 02061 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 5129 NORWELL, MA 02061 FEI Number: 05-0582654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition NUZZO, SALVATORE Name: Name: 118 ST. MELLIONS DRIVE Address: Address: City-St-Zip: PINEHURST, NC 28374 City-St-Zip: Title: Title: () Delete () Change () Addition Name: NUZZO, DAVID Name: 904 CLINTON STREET Address: Address: PHILADELPHIA, PA 19107 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition COGLIANO, VINCENT Name: Name: 170 OLD WASHINGTON STREET Address: Address: City-St-Zip: PEMBROKE, MA 02359 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL V. GAYLE VP 04/14/2009

() Delete

E. BRIDGEWATER, MA 02324

GAYLE, PAUL V

148 METZLER ROAD

(X) Change () Addition

GAYLE, PAUL V

148 METZLER ROAD

E. BRIDGEWATER, MA 02324