

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005587

FILED
Feb 23, 2011
Secretary of State

Entity Name: KNOWFAT FRANCHISE COMPANY, INC.

Current Principal Place of Business:

255 WASHINGTON STREET
STE 150
NEWTON, MA 02458

New Principal Place of Business:

Current Mailing Address:

255 WASHINGTON STREET
STE 150
NEWTON, MA 02458

New Mailing Address:

FEI Number: 20-0812982 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO
Name: NADDAFF, GEORGE A
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

Title: D
Name: GRAYSON, ROBERT
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

Title: D
Name: GIRESI, MARK
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

Title: P
Name: COCOTAS, CHARLES A
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

Title: D
Name: MUELLER, KEITH
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

Title: D
Name: GOLDEN, RICHARD
Address: 255 WASHINGTON ST. SUITE 150
City-St-Zip: NEWTON, MA 02458

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: CHARLES COCOTAS

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02/23/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date