## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000001154

Entity Name: CAIRNSTONE, INC

FILED Apr 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5201 BLUE LAGOON DR SUITE 500 MIAMI, FL 33126 **New Mailing Address: Current Mailing Address:** 5201 BLUE LAGOON DR. 5201 BLUE LAGOON DR SUITE 500 SUITE 500 MIAMI, FL 33126 MIAMI, FL 33126 US FEI Number: 65-0644164 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: PCD ( ) Delete Title: CFO (X) Change ( ) Addition TILLETT, WILLIAM J Name: Name: FALLISI, PAUL 1243 ASTORIA 83 LAKE STREET Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: SALEM, NH 03079 Title: Title: () Delete (X) Change ( ) Addition Name: KELLER, JIM Name: ELLIOTT, JAMES W. 1625 EASTLAKE WAY 5201 BLUE LAGOON DRIVE, SUITE 500 Address: Address: MIAMI, FL 33126 City-St-Zip: CORAL GABLES, FL City-St-Zip: (X) Change ( ) Addition Title: STD ( ) Delete Title: SEC FALLISI, PAUL GILABERTE-MARSH, ANA Name: Name: 5201 BLUE LAGOON DRIVE, SUITE 500 83 LAKE STREET Address: Address: City-St-Zip: SALEM, NH 03079 City-St-Zip: MIAMI, FL 33126 Title: () Delete Title: DIR ( ) Change (X) Addition COLLINS, PATRICK Name: Name: Address: Address: 555 COLLEGE ROAD EAST City-St-Zip: City-St-Zip: PRINCETON, NJ 08543 Title: Title: ( ) Change (X) Addition ( ) Delete GRIESE, EDWARD Name: Name: Address: Address: 555 COLLEGE ROAD EAST City-St-Zip: City-St-Zip: PRINCETON, NJ 08543

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: JAMES W. ELLIOTT CFO 04/09/2009