

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11055

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** THE FORTRESS CORPORATION

**Current Principal Place of Business:**

ONE DESIGN CENTER PLACE  
SUITE 715  
BOSTON, MA 02210

**New Principal Place of Business:**

**Current Mailing Address:**

ONE DESIGN CENTER PLACE  
SUITE 715  
BOSTON, MA 02210

**New Mailing Address:**

**FEI Number:** 59-2519700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, KIM  
1629 N.E. 1ST AVE.  
MIAMI, FL 33132 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: PD  
Name: THORNE, SIGRID P  
Address: 1 DESIGN CENTER PLACE SUITE 715  
City-St-Zip: BOSTON, MA 02210

Title: VD  
Name: THORNE, LADD M  
Address: 1 DESIGN CENTER PLACE SUITE 715  
City-St-Zip: BOSTON, MA 02210

Title: D  
Name: WYNNE, FREDERICK  
Address: 1 DESIGN CENTER PLACE SUITE 715  
City-St-Zip: BOSTON, MA 02210

Title: D  
Name: FARRAR, ROSS  
Address: 1 DESIGN CENTER PLACE SUITE 715  
City-St-Zip: BOSTON, MA 02210

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: SIGRID P THORNE

PD

02/16/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date