


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # P40124
 1. Entity Name
MAC-GRAY SERVICES, INC.



Principal Place of Business 404 WYMAN ST STE 400 WALTHAM, MA 02451	Mailing Address 404 WYMAN ST STE 400 WALTHAM, MA 02451
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DO NOT WRITE IN THIS SPACE



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2151044	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000875639
 04/11/08-80016-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERAFINI, LINDA A 404 WYMAN ST, STE 400 WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, STEWART G. 404 WYMAN ST, STE 400 WALTHAM, MA 02451264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACLELLAN, NEIL F 404 WYMAN ST, STE 400 WALTHAM, MA 02451264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHEA, MICHAEL J 404 WYMAN ST, STE 400 WALTHAM, MA 02451264
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Shea Date: 1/23/08 Daytime Phone #: 781 487-7600