

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90036 049 \*\*\*150.00

**DOCUMENT # V24901**

1. Entity Name  
**CONTROL SOLUTIONS INTERNATIONAL, INC.**



Principal Place of Business

400 AMHERST ST  
 STE 201  
 NASHUA, NH 03063 US

Mailing Address

400 AMHERST ST  
 STE 201  
 NASHUA, NH 03063 US

1000



**DO NOT WRITE IN THIS SPACE**

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0344734** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

**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)

DATE \_\_\_\_\_

**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

10. OFFICERS AND DIRECTORS

TITLE **P**  
 NAME **EDELBLUT, FRANK**  
 STREET ADDRESS **400 AMHERST ST, STE 201**  
 CITY - ST - ZIP **NASHUA, NH 03063**

TITLE **VP**  
 NAME **MOLETTIERE, SANDI**  
 STREET ADDRESS **400 AMHERST ST. SUITE 201**  
 CITY - ST - ZIP **NASHUA, NH 05063**

TITLE **D**  
 NAME **XAVIER, FRANCIS**  
 STREET ADDRESS **451 D STREET**  
 CITY - ST - ZIP **BOSTON, MA 02210**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Christopher Caputo*

1/17/08

603-548-0700

Date

Daytime Phone #