

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 832706  
Corporation Name  
CROSS COUNTRY MOTOR CLUB, INC.

Principal Place of Business Mailing Address  
MYSTIC VALLEY PARKWAY 4040 MYSTIC VALLEY PARKWAY  
MEDFORD MA 02155 MEDFORD MA 02155



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1974	
4. FEI Number 04-2530679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 FL	Zip Code

I, the undersigned, being duly sworn, depose and say that the above information was furnished to me by the officers and directors of the above-named corporation, and that the same is true and correct to the best of my knowledge and belief.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
(NOTE: Registered Agent signature required when reinstating)		DATE	
ADDRESS IP	WTD WOLK, SIDNEY 330 BEACON ST BOSTON MA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS IP	SD WOLK, NATHAN 230 ALLENDALE RD CHESTNUT HILL MA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS IP	V SCAPICCHIO, STEPHEN 8 NEPTUNE CIRCLE E. BOSTON MA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS IP	VD WOLK, HOWARD L 20 CHAPEL ST BROOKLINE MA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS IP	PTD WOLK, JEFFREY C 28 MARLBOROUGH ST BOSTON MA 02116 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Saxton 8732 North Bay Dr. Chanhassen, MN 55317
ADDRESS IP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

NATURE: *Signature Required* 7/2/99 (981) 393-9300

CR2E034 (5/99)