## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am Secretary of State **DOCUMENT # 832706** CROSS COUNTRY MOTOR CLUB, INC. 05-10-2001 90059 045 \*\*\*150.00 Principal Place of Business Mailing Address 4040 MYSTIC VALLEY PARKWAY 4040 MYSTIC VALLEY PARKWAY MEDFORD MA 02155 MEDFORD MA 02155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-2530679 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE **WOLK, SIDNEY** NAME NAME STREET ADDRESS 330 BEACON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Change ■ Addition ☐ Delete TITLE TITI F NAME WOLK, NATHAN NAME 230 ALLENDALE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHESTNUT HILL MA ☐ Change ☐ Addition TITLE Delete TITLE SCAPICCHIO, STEPHEN NAME NAME STREET ADDRESS 8 NEPTUNE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E. BOSTON MA Change ٧Đ ☐ Addition ☐ Delete TITLE TITLE WOLK, HOWARD L NAME NAME 57 Francis Street STREET ADDRESS STREET ADDRESS 20 CHAPEL ST CITY-ST-ZIP CITY-ST-ZIP BROOKLINE MA Change ☐ Addition ☐ Delete TITLE TITLE SAXTON, MICHAEL NAME NAME 69 The Faircoaus STREET ADDRESS STREET ADDRESS 6732 NORTH DAY DRIVE CITY-ST-ZIP CITY-ST-ZIP CHANHASSEN MN 55317 Change **VD** ☐ Addition Delete TITLE TITLE WOLK, JEFFREY C NAME 202 Commonwealth Ave STREET ADDRESS STREET ADDRESS 28 MARLBOROUGH ST

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

Buston

SIGNATURE:

-BOSTON MA 02116

CITY-SY-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

MA

(181) 393-9300

Daytime Phone #