

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90218 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                     |                                                                                                                     |                                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 832706</b><br>1. Entity Name<br><b>CROSS COUNTRY MOTOR CLUB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              |                     |                                                                                                                     |                                                  |  |
| Principal Place of Business<br><b>4040 MYSTIC VALLEY PARKWAY<br/>MEDFORD, MA 02155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                     | Mailing Address<br><b>4040 MYSTIC VALLEY PARKWAY<br/>MEDFORD, MA 02155</b>                                          |                                                                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              | 3. Mailing Address  |                                                                                                                     |                                                                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              | City & State        |                                                                                                                     | 4. FEI Number<br><b>04-2530679</b>                                                                                                |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                              | Country             |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                     |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                       |  |
| <b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              |                     |                                                                                                                     | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code                                     |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                              |                     |                                                                                                                     |                                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>CEOD<br/>WOLK, SIDNEY<br/>300 BEACON STREET<br/>BOSTON, MA 02116</b> <input type="checkbox"/> Delete      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>SEE ATTACHED LIST<br/>FOR ADDITIONAL OFFICERS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>SD<br/>WOLK, NATHAN<br/>230 ALLENDALE RD<br/>CHESTNUT HILL, MA</b> <input type="checkbox"/> Delete        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C<br/>BARNES, WILLIAM<br/>49 HOBART STREET<br/>SUDBURY, MA 01776</b> <input type="checkbox"/> Delete      |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD<br/>WOLK, HOWARD L<br/>57 FRANCIS STREET<br/>CAMBRIDGE, MA 02138</b> <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>VD<br/>WOLK, JEFFREY<br/>202 COMMONWEALTH AVENUE<br/>BOSTON, MA 02116</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>P<br/>SAXTON, MICHAEL<br/>69 THE FAIRWAYS<br/>IPSWICH, MA 01938</b> <input type="checkbox"/> Delete       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                              |                     |                                                                                                                     |                                                                                                                                   |  |
| <b>SIGNATURE: <u>James Faulkner</u> JAMES FAULKNER 4-30-04 781-306-3130</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                     |                                                                                                                     |                                                                                                                                   |  |

ATTACHMENT 24069633  
# 832706

**CROSS COUNTRY MOTOR CLUB, INC.**  
**Block 11. ADDITIONAL OFFICERS**

| <u>Office</u>                                     | <u>Name</u>         | <u>Address</u>         | <u>City, State, Zip</u> |
|---------------------------------------------------|---------------------|------------------------|-------------------------|
| <b><u>Additional Officers:</u></b>                |                     |                        |                         |
| VP, Treasurer & Chief Financial Officer           | Thomas P. Graham    | 45 Bartletts Reach     | Amesbury MA 01913       |
| Assistant Treasurer                               | James E. Faulkner   | 19 Princeton Road      | Burlington MA 01803     |
| Vice President-Administrative Services            | Deanna S. Wolk      | 330 Beacon Street, B54 | Boston MA 02116         |
| Vice President- Human Resources                   | Sandra J. Savage    | 6 Apple Mew            | Sandwich MA 02563       |
| Vice President-General Manager, Insurance Mkt.    | Peter Van Alstine   | 44 Clifton Avenue      | Marblehead MA 01945     |
| Vice President Network Mngmt. & Acting CIO        | Steven B. Rubin     | 21 Donovan's Way       | Middleton MA 01949      |
| Vice President-Contact Center Operations          | Charles T. Cavolina | 39 Shetland Road       | Marblehead MA 01945     |
| Vice President-General Manager, Automotive Mkt.   | Amy T. Villeneuve   | 11 Manomet Road        | Winchester MA 01890     |
| Vice President-General Manager, Diversified Mkts. | Stephen J. Huson    | 15 Meadow Lane         | Westford MA 01886       |
| Assistant Clerk                                   | Frank D. Aronson    | 21 Woodchester Drive   | Chestnut Hill MA 02467  |
| Assistant Clerk                                   | David J. Moskowitz  | 8 Grasmere Road        | Needham MA 02494        |