## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#832706**

PRPORATION ANNUAL REPORT FILED
May 17, 2007
Secretary of State

Entity Name: CROSS COUNTRY MOTOR CLUB, INC.

**Current Principal Place of Business: New Principal Place of Business:** ONE CABOT ROAD 4TH FLR MEDFORD, MA 02155 **Current Mailing Address: New Mailing Address:** ONE CABOT ROAD 4TH FLR MEDFORD, MA 02155 FEI Number: 04-2530679 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD ( ) Delete () Change () Addition Name: WOLK, SIDNEY Name: 330 BEACON STREET Address: Address: City-St-Zip: BOSTON, MA 02116 City-St-Zip: Title: Title: () Delete () Change () Addition Name: FAULKNER, JAMES E Name: 19 PRINCETON ROAD Address: Address: BURLINGTON, MA 01803 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GRAHAM, THOMAS Name: Name: 45 BARTLETTSREACH Address: Address: City-St-Zip: AMESBURY, MA 01913 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition WOLK, HOWARD L Name: Name: Address: 57 FRANCIS STREET Address: City-St-Zip: CAMBRIDGE, MA 02138 City-St-Zip: Title: VD Title: () Delete () Change () Addition WOLK, JEFFREY Name: Name: 202 COMMONWEALTH AVENUE Address: Address: City-St-Zip: BOSTON, MA 02116 City-St-Zip: Title: () Delete Title: () Change () Addition SAXTON, MICHAEL Name: Name: 69 THE FAIRWAYS Address: Address: City-St-Zip: City-St-Zip: IPSWICH, MA 01938

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES FAULKNER AT 05/17/2007