

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832706

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: CROSS COUNTRY MOTOR CLUB, INC.

**Current Principal Place of Business:**

ONE CABOT ROAD 4TH FLR  
MEDFORD, MA 02155

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CABOT ROAD 4TH FLR  
MEDFORD, MA 02155

**New Mailing Address:**

FEI Number: 04-2530679      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOD ( ) Delete  
Name: WOLK, SIDNEY  
Address: 330 BEACON STREET  
City-St-Zip: BOSTON, MA 02116

Title: AT ( ) Delete  
Name: FAULKNER, JAMES E  
Address: 19 PRINCETON ROAD  
City-St-Zip: BURLINGTON, MA 01803

Title: VT ( ) Delete  
Name: GRAHAM, THOMAS  
Address: 45 BARTLETTSREACH  
City-St-Zip: AMESBURY, MA 01913

Title: VD ( ) Delete  
Name: WOLK, HOWARD L  
Address: 57 FRANCIS STREET  
City-St-Zip: CAMBRIDGE, MA 02138

Title: VD ( ) Delete  
Name: WOLK, JEFFREY  
Address: 45 WOODLAND ROAD  
City-St-Zip: CHESTNUT HILL, MA 02467

Title: P ( ) Delete  
Name: SAXTON, MICHAEL  
Address: 69 THE FAIRWAYS  
City-St-Zip: IPSWICH, MA 01938

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SARAH LEONARD

Electronic Signature of Signing Officer or Director

MS.

03/30/2009

\_\_\_\_\_ Date