

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856051

FILED
Apr 22, 2009
Secretary of State

Entity Name: CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.

Current Principal Place of Business:

3833 PEACHTREE RD., N.E.
SUITE 1700
ATLANTA, GA 303193372

New Principal Place of Business:

Current Mailing Address:

63 KENDRICK STREET
ONE CHARLES RIVER PLACE
NEEDHAM, MA 02494

New Mailing Address:

FEI Number: 04-262467 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 RD
FORT LAUDERDALE, 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: PD () Delete
Name: SCHUSTER, GERALD
Address: 132 YARMOUTH ROAD
City-St-Zip: BROOKLINE, MA

Title: V () Delete
Name: NAJARIAN, ROBERT J
Address: 286 MAYFLOWER CIRCLE
City-St-Zip: HANOVER, MA

Title: TD () Delete
Name: CALLAHAN, BRIAN E.
Address: 15 HICKORY DRIVE
City-St-Zip: MEDFIELD, MA

Title: S () Delete
Name: BENJAMIN, MICHAEL S
Address: 63 KENDRICK STREET
City-St-Zip: NEEDHAM, MA 02494

Title: V () Delete
Name: SCHUSTER, SCOTT
Address: 63 KENDRICK ST
City-St-Zip: NEEDHAM, MA 02494

Title: COO () Delete
Name: SCHUSTER, SCOTT
Address: 63 KENDRICK STREET
City-St-Zip: NEEDHAM HEIGHTS, MA 02494

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
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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: MICHAEL S BENJAMIN

S

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date