

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856051

FILED  
Apr 22, 2010  
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:** 04-2626467      **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  
**Name:** SCHUSTER, GERALD  
**Address:** 132 YARMOUTH ROAD  
**City-St-Zip:** BROOKLINE, MA

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL S BENJAMIN

S

04/22/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date