
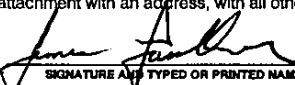


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90085 019 ***150.00

DOCUMENT # F04000005072					
1. Entity Name CROSS COUNTRY SERVICE CORP.					
Principal Place of Business 4040 MYSTIC VALLEY PARKWAY MEDFORD, MA 02155			Mailing Address 4040 MYSTIC VALLEY PARKWAY MEDFORD, MA 02155		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAXTON, MICHAEL A		NAME		
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAHAM, THOMAS P		NAME		
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOLK, NATHAN T		NAME	<i>See Attached List</i>	
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAULKNER, JAMES E		NAME		
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLK, SIDNEY D		NAME		
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLK, JEFFREY C		NAME		
STREET ADDRESS	4040 MYSTIC VALLEY PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	MEDFORD, MA 02155		CITY-ST-ZIP		
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.					
SIGNATURE: 		JAMES FAULKNER		5/2/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
				781-306-3130	

ATTACHMENT
CROSS COUNTRY SERVICE CORP.
DIRECTORS & OFFICERS

40083332
 #F040000 5072

<u>Office</u>	<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	
<u>DIRECTORS</u>				
Director	Sidney D. Wolk	270 Mystic Avenue	Medford	MA 02155
Director	Howard L. Wolk	270 Mystic Avenue	Medford	MA 02155
Director	Jeffrey C. Wolk	4040 Mystic Valley Parkway	Medford	MA 02155
<u>OFFICERS</u>				
Chief Executive Officer	Sidney D. Wolk	270 Mystic Avenue	Medford	MA 02155
President	Michael A. Saxton	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President	Jeffrey C. Wolk	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President	Howard L. Wolk	270 Mystic Avenue	Medford	MA 02155
Treasurer & VP	Thomas P. Graham	270 Mystic Avenue	Medford	MA 02155
Assistant Treasurer	James E. Faulkner	270 Mystic Avenue	Medford	MA 02155
Clerk & Vice President, General Counsel	Peter C. Necheles	4040 Mystic Valley Parkway	Medford	MA 02155
Chief Financial Officer	Margaret G. Ward	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President-Administrative Services	Deanna S. Wolk	270 Mystic Avenue	Medford	MA 02155
Vice President- Human Resources	Sandra J. Savage	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President-General Manager, Insurance Mkt.	Peter Van Alstine	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President- Network Mngmt.	Steven B. Rubin	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President-Contact Center Operations	Charles T. Cavolina	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President-General Manager, Automotive Mkt.	Amy T. Villeneuve	4040 Mystic Valley Parkway	Medford	MA 02155
Vice President-General Manager, Diversified Mkts.	Stephen J. Huson	4040 Mystic Valley Parkway	Medford	MA 02155
Chief Information Officer	Mark Carbrey	4040 Mystic Valley Parkway	Medford	MA 02155
Assistant Clerk	Frank D. Aronson	800 Boylston Street	Boston	MA 02199