

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001236

FILED
Mar 24, 2009
Secretary of State

Entity Name: CWCAPITAL LLC

Current Principal Place of Business:

63 KENDRICK STREET
NEEDHAM, MA 02494

New Principal Place of Business:

Current Mailing Address:

63 KENDRICK STREET
NEEDHAM, MA 02494

New Mailing Address:

FEI Number: 02-0590657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHUSTER, TODD
Address: 63 KENDRICK STREET
City-St-Zip: NEEDHAM, MA 02494

Title: MGR () Delete
Name: BERMAN, MICHAEL D
Address: 63 KENDRICK STREET
City-St-Zip: NEEDHAM, MA 02494

Title: MGR () Delete
Name: DANSEREAU, RICHARD
Address: 1000 PLACE JEAN PAUL RIOPELLE
City-St-Zip: MONTREAL, QUE., CANADA,

Title: MGR () Delete
Name: CHARPENTIER, SYLVAIN
Address: 1000 PLACE JEAN PAUL RIOPELLE
City-St-Zip: MONTREAL, QUE., CANADA,

Title: MGR () Delete
Name: LEFEBVRE, LINE
Address: 1000 PLACE JEAN PAUL RIOPELLE
City-St-Zip: MONTREAL, QUE., CANADA,

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SPETKA, CHARLES
Address: 1540 BROADWAY, 23RD FLOOR
City-St-Zip: NEW YORK, NY 10036

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

Title: MGR (X) Change () Addition
Name: DESLAURIERS, MICHEL
Address: 413, RUE ST-JACQUES, SUITE 700
City-St-Zip: MONTREAL, QB H2Y 1N9 CN

Title: MGR (X) Change () Addition
Name: GIGUERE, MARIE
Address: 413, RUE ST-JACQUES, SUITE 700
City-St-Zip: MONTREAL, QB H2Y 1N9 CN

Title: MGR (X) Change () Addition
Name: LAMOTHE, JEAN
Address: 413, RUE ST-JACQUES, SUITE 700
City-St-Zip: MONTREAL, QB H2Y 1N9 CN

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL D. BERMAN

MGR

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date