

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832706

Entity Name: CROSS COUNTRY MOTOR CLUB, INC.

Current Principal Place of Business:

ONE CABOT ROAD 4TH FLR
MEDFORD, MA 02155

Current Mailing Address:

ONE CABOT ROAD 4TH FLR
MEDFORD, MA 02155

FEI Number: 04-2530679

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name WOLK, SIDNEY
Address 330 BEACON STREET
City-State-Zip: BOSTON MA 02116

Title ASST. TREASURER
Name FAULKNER, JAMES E
Address 19 PRINCETON ROAD
City-State-Zip: BURLINGTON MA 01803

Title VP, DIRECTOR
Name WOLK, HOWARD L
Address 22 PELHAM ROAD
City-State-Zip: WESTON MA 02493

Title VP, DIRECTOR
Name WOLK, JEFFREY
Address 45 WOODLAND ROAD
City-State-Zip: CHESTNUT HILL MA 02467

Title CEO, PRESIDENT
Name FERRICK, DAVID
Address 123 GRANT STREET
City-State-Zip: LEXINGTON MA 02420

Title VP, TREASURER
Name WARD, MARGARET
Address 9 WALNUT STREET
City-State-Zip: NEWBURYPORT MA 01950

Title SECRETARY
Name NECHELES, PETER
Address 46 PETER TUFTS ROAD
City-State-Zip: ARLINGTON MA 02474

Title CFO
Name SWEENEY, KATHLEEN M
Address 211 LINDSAY POND ROAD
City-State-Zip: CONCORD MA 01742

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: JAMES E. FAULKNER

ASSISTANT TREASURER 06/16/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date