

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004308

**Entity Name:** CCVSC, INC.

**Current Principal Place of Business:**

ONE CABOT ROAD  
4TH FLOOR  
MEDFORD, MA 02155

**Current Mailing Address:**

ONE CABOT ROAD  
4TH FLOOR  
MEDFORD, MA 02155

**FEI Number:** 20-4889971

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH 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            SECRETARY  
Name            NECHELES, PETER C  
Address        ONE CABOT ROAD  
City-State-Zip: MEDFORD MA 02155

Title            TREASURER  
Name            WARD, MARGARET G  
Address        ONE CABOT ROAD  
City-State-Zip: MEDFORD MA 02155

Title            PRESIDENT  
Name            WOLK, HOWARD L  
Address        ONE CABOT ROAD  
City-State-Zip: MEDFORD MA 02155

Title            ASST. TREASURER  
Name            FAULKNER, JAMES  
Address        ONE CABOT ROAD  
                  4TH FLOOR  
City-State-Zip: MEDFORD MA 02155

*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