

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 832706

FILED
Mar 30, 2009
Secretary of State

Entity Name: CROSS COUNTRY MOTOR CLUB, INC.

Current Principal Place of Business:

ONE CABOT ROAD 4TH FLR
MEDFORD, MA 02155

New Principal Place of Business:

Current Mailing Address:

ONE CABOT ROAD 4TH FLR
MEDFORD, MA 02155

New Mailing Address:

FEI Number: 04-2530679 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 ROAD
PLANTATION, 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: CEOD () Delete
Name: WOLK, SIDNEY
Address: 330 BEACON STREET
City-St-Zip: BOSTON, MA 02116

Title: AT () Delete
Name: FAULKNER, JAMES E
Address: 19 PRINCETON ROAD
City-St-Zip: BURLINGTON, MA 01803

Title: VT () Delete
Name: GRAHAM, THOMAS
Address: 45 BARTLETTSREACH
City-St-Zip: AMESBURY, MA 01913

Title: VD () Delete
Name: WOLK, HOWARD L
Address: 57 FRANCIS STREET
City-St-Zip: CAMBRIDGE, MA 02138

Title: VD () Delete
Name: WOLK, JEFFREY
Address: 45 WOODLAND ROAD
City-St-Zip: CHESTNUT HILL, MA 02467

Title: P () Delete
Name: SAXTON, MICHAEL
Address: 69 THE FAIRWAYS
City-St-Zip: IPSWICH, MA 01938

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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 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 an address, with all other like empowered.

SIGNATURE: SARAH LEONARD

Electronic Signature of Signing Officer or Director

MS.

03/30/2009

_____ Date