

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 856051

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: CONTINENTAL WINGATE COMPANY OF GEORGIA, INC.

## Current Principal Place of Business:

3833 PEACHTREE RD., N.E.  
SUITE 1700  
ATLANTA, GA 303193372

## New Principal Place of Business:

## New Mailing Address:

63 KENDRICK STREET  
ONE CHARLES RIVER PLACE  
NEEDHAM, MA 02494

## Current Mailing Address:

3833 PEACHTREE RD., N.E.  
SUITE 1700  
ATLANTA, GA 303193372

FEI Number: 04-2626467

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 RD  
FORT LAUDERDALE, 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: PD ( ) Delete  
Name: SCHUSTER, GERALD,  
Address: 132 YARMOUTH ROAD  
City-St-Zip: BROOKLINE, MA

Title: V ( ) Delete  
Name: NAJARIAN, ROBERT J  
Address: 286 MAYFLOWER CIRCLE  
City-St-Zip: HANOVER, MA

Title: TD ( ) Delete  
Name: CALLAHAN, BRIAN E.,  
Address: 15 HICKORY DRIVE  
City-St-Zip: MEDFIELD, MA

Title: S ( ) Delete  
Name: BENJAMIN, MICHAEL S  
Address: 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494

Title: V ( ) Delete  
Name: SCHUSTER, SCOTT  
Address: 63 KENDRICK ST  
City-St-Zip: NEEDHAM, MA 02494

Title: COO ( ) Delete  
Name: SCHUSTER, SCOTT  
Address: 63 KENDRICK STREET  
City-St-Zip: NEEDHAM HEIGHTS, MA 02494

## 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: MICHAEL S BENJAMIN

S

04/22/2008

Electronic Signature of Signing Officer or Director

Date