

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90035 023 \*\*\*150.00

**DOCUMENT # F00000003161**

1. Entity Name  
CO-NECT, INC.



Principal Place of Business  
625 MT. AUBURN ST.  
CAMBRIDGE, MA 02138

Mailing Address  
625 MT. AUBURN ST.  
CAMBRIDGE, MA 02138



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2130999

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PCEO  
NAME SKOLER, ANDREW  
STREET ADDRESS 37 BROADWAY 625 Mt. Auburn St.  
CITY-ST-ZIP ARLINGTON, MA 02474 Cambridge, MA 02138

TITLE VD  
NAME GOLDBERG, BRUCE  
STREET ADDRESS 37 BROADWAY 625 Mt. Auburn St.  
CITY-ST-ZIP ARLINGTON, MA 02474 Cambridge, MA 02138

TITLE D  
NAME MIXER, DAVID  
STREET ADDRESS 70 PEASANT DR.  
CITY-ST-ZIP EAST GREENWICH, RI 02818

TITLE CFO  
NAME QUINTANA, JOSE  
STREET ADDRESS 37 BROADWAY 625 Mt. Auburn St.  
CITY-ST-ZIP ARLINGTON, MA 02474 Cambridge, MA 02138

TITLE C  
NAME KIM, JOHN  
STREET ADDRESS 292 FRANKLIN STREET  
CITY-ST-ZIP NEWTON, MA 19087

TITLE D  
NAME MENICHELLI, VINCENT  
STREET ADDRESS 435 DEVON PARK DR., BLDG. 600  
CITY-ST-ZIP WAYNE, PA 19087

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jose Quintana, CFO, Co-nect 2/11/05 617-995-3100