2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# F03000003403

Entity Name: D2HAWKEYE, INC.

Current Principal Place of Business:

130 TURNER ST.
7TH FLOOR
WALTHAM, MA 02453

New Principal Place of Business:

Current Mailing Address:

130 TURNER ST.
7TH FLOOR
WALTHAM, MA 02453

New Mailing Address:

FEI Number: 04-3542054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: PCD ( ) Delete
Name: KRYDER, JOHN C M.D.
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: S ( ) Delete
Name: HANSEN, DAVID N
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: D ( ) Delete
Name: HANSEN, DAVID N
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: D (X) Delete
Name: JANES, THOMAS
Address: ONE BOSTON PLACE
City-St-Zip: BOSTON, MA 02108

Title: D (X) Delete
Name: MARGUILES, DAVID
Address: 59 PINE RIDGE ROAD
City-St-Zip: WABAN, MA 02468

Title: D (X) Delete
Name: BERTSIMAS, DIMITRIS
Address: 43 LANTERN ROAD
City-St-Zip: BELMONT, MA 02478

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: JOHN KRYDER PCD 04/01/2008

Electronic Signature of Signing Officer or Director — Date