2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# F05000002906

Entity Name: CROSSBEAM SYSTEMS, INC.

Current Principal Place of Business:

80 CENTRAL STREET
BOXBOROUGH, MA 01719

New Principal Place of Business:

Current Mailing Address:

80 CENTRAL STREET
BOXBOROUGH, MA 01719

New Mailing Address:

FEI Number: 04-3492144 **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: DP ( ) Delete
Name: FIORE, PETER
Address: 80 CENTRALSTREET
City-St-Zip: BOXBOROUGH, MA 01719

Title: D ( ) Delete
Name: MCCARTHY, JEFFREY P
Address: 80 CENTRAL STREET
City-St-Zip: BOXBOROUGH, MA 01742

Title: D ( ) Delete
Name: HURST, JEFFREY P
Address: 80 CENTRAL STREET
City-St-Zip: BOXBOROUGH, MA 01719

Title: D ( ) Delete
Name: CHEHEYL, R. STEPHEN
Address: 80 CENTRAL STREET
City-St-Zip: BOXBOROUGH, MA 01719

Title: VP ( ) Delete
Name: WILDER, THROOP M III
Address: 80 CENTRAL STREET
City-St-Zip: BOXBOROUGH, MA 01719

Title: T ( ) Delete
Name: THOMAS, SHEEHAN
Address: 80 CENTRAL STREET
City-St-Zip: BOXBOROUGH, MA 01719

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 LEONARD AM 04/20/2009

Electronic Signature of Signing Officer or Director Date