## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000002075

Entity Name: OMNIGUIDE, INC.

FILED Apr 15, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
ONE KENDALL SQUARE BLDG 100 CAMBRIDGE, MA 02139						
Current Mailing Address:			New Mailir	New Mailing Address:		
ONE KENDALL SQUARE BLDG 100 CAMBRIDGE, MA 02139						
FEI Number: 04-3516477 FEI Number Applied For ( ) FEI Number		El Number Not Appli	mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent: Name and Add				Address of New Registered	Agent:	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	STATA, RAYMON ONE KENDALL S CAMBRIDGE, MA CEO () I STATA, RAYMON	QUARE BLDG 100 A 02139 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	PT (X) Change ( ) Additional Pink, YOEL ONE KENDALL SQUARE BLDG 10 CAMBRIDGE, MA 02139  SEC (X) Change ( ) Additional Pinker Pin	0 on	
City-St-Zip:  Title: Name: Address: City-St-Zip:	BADAWI, PAÙĹ	Delete GUARE BLDG 100	City-St-Zip: Title: Name: Address: City-St-Zip:	BOSTON, MA 02110  ( ) Change ( ) Addition	n	
Title: Name: Address: City-St-Zip:	FINK, YOEL	Delete SQUARE BLDG 100 A 02139	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STATA, RAYMOND S ONE KENDALL SQUARE BLDG 10 CAMBRIDGE, MA 02139		
Title: Name: Address: City-St-Zip:	GUPTA, NITIN	Delete SQUARE BLDG 100 A 02139	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Title: Name: Address: City-St-Zip:	KHATOD, ANIL	Delete SQUARE BLDG 100 A 02139	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	

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: THOMAS C. CHASE SEC 04/15/2008