

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001445

1. Entity Name  
WEAVEXX CORPORATION



Principal Place of Business  
ONE TECHNOLOGY DRIVE  
WESTBOROUGH, MA 01581

Mailing Address  
ONE TECHNOLOGY DRIVE  
WESTBOROUGH, MA 01581



03182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0387869

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 re-registering).

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

1100000279794  
03/29/05-80010-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
GUTIERREZ, THOMAS  
ONE TECHNOLOGY DR  
WESTBOROUGH, MA 01581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPS  
O'DONNELL, MICHAEL  
ONE TECHNOLOGY DR  
WESTBOROUGH, MA 01581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TAS  
CORMIER, JOHN  
ONE TECHNOLOGY DR  
WESTBOROUGH, MA 01581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPAS  
WALKER, DONALD  
ONE TECHNOLOGY DR  
WESTBOROUGH, MA 01581

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:

*Donald R. Walker* VP  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05  
Date

508-532-1778  
Daytime Phone #