

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 06, 2006 8:00 am  
Secretary of State**

04-06-2006 90027 047 \*\*\*150.00

**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**

00000104



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**05-0387869**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**LSC Corporation  
1201 Hays Street  
Tallahassee, FL 32301**

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

**3/31/06**  
Date

**508-532-1778**  
Daytime Phone