


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90035 005 \*\*\*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**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

04112007 Chg-P CR2E034 (12/06)

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  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GUTIERREZ, THOMAS ONE TECHNOLOGY DR WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP GUTIERREZ, THOMAS ONE TECHNOLOGY DRIVE WESTBOROUGH, MA 01581 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS O'DONNELL, MICHAEL ONE TECHNOLOGY DR WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCFOAS O'DONNELL, MICHAEL ONE TECHNOLOGY DRIVE WESTBOROUGH, MA 01581 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS CORMIER, JOHN ONE TECHNOLOGY DR WESTBOROUGH, MA 01581 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS ORBAN, TED ONE TECHNOLOGY DRIVE WESTBOROUGH, MA 01581 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WALKER, DONALD ONE TECHNOLOGY DR WESTBOROUGH, MA 01581 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SEICK, MICHAEL ONE TECHNOLOGY DRIVE WESTBOROUGH, MA 01581 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS WOODWORTH, MARSHALL ONE TECHNOLOGY DRIVE WESTBOROUGH, MA 01581 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

\*2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **DONALD R. WALKER** 4/26/07 508-616-9468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #