


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90020 039 \*\*\*150.00

|   |                       |  |   |   |  |
|---|-----------------------|--|---|---|--|
| <b>DOCUMENT # F93000001445</b>  |                       |  |   |                    |  |
| <b>1. Entity Name</b><br>WEAVEXX CORPORATION  |                       |  |   |   |  |
| <b>Principal Place of Business</b><br>ONE TECHNOLOGY DRIVE<br>WESTBOROUGH, MA 01581   |                       |  | <b>Mailing Address</b><br>ONE TECHNOLOGY DRIVE<br>WESTBOROUGH, MA 01581   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                       |  | <b>3. Mailing Address</b>   |   |  |
| Suite, Apt. #, etc.   |                       |  | Suite, Apt. #, etc.   |   |  |
| City & State  |                       |  | City & State  |   |  |
| Zip   | Country               | Zip  | Country   | <b>4. FEI Number</b><br>05-0387869<br><b>Applied For</b><br><input type="checkbox"/> Not Applicable |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                       |  |   | <b>7. Name and Address of New Registered Agent</b>  |  |
| CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |                       |  |   | Name  |  |
|   |                       |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |                       |  |   | City  |  |
|   |                       |  |   | FL Zip Code   |  |
| <b>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.</b><br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                       |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |                       |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                       |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE   | CEOP                  | <input checked="" type="checkbox"/> Delete | TITLE   | CEOP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | GUTIERREZ, THOMAS     |  | NAME  | STEPHEN LIGHT   |  |
| STREET ADDRESS  | ONE TECHNOLOGY DR     |  | STREET ADDRESS  | 14101 CAPITAL BLVD, SUITE 201   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   | YOUNGSSVILLE, NC 27596  |  |
| TITLE   | CFOV                  | <input type="checkbox"/> Delete            | TITLE   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | O'DONNELL, MICHAEL    |  | NAME  |   |  |
| STREET ADDRESS  | ONE TECHNOLOGY DR     |  | STREET ADDRESS  | 14101 CAPITAL BLVD, SUITE 201   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   | YOUNGSSVILLE, NC 27596  |  |
| TITLE   | TAS                   | <input type="checkbox"/> Delete            | TITLE   | TAS   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | ORGAN, TED            |  | NAME  | ORGAN, TED  |  |
| STREET ADDRESS  | ONE TECHNOLOGY DR     |  | STREET ADDRESS  | 14101 CAPITAL BLVD, SUITE 201   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   | YOUNGSSVILLE, NC 27596  |  |
| TITLE   | VPAS                  | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | WALKER, DONALD        |  | NAME  |   |  |
| STREET ADDRESS  | ONE TECHNOLOGY DR     |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   |   |  |
| TITLE   | VS                    | <input type="checkbox"/> Delete            | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | STICK, MICHAEL        |  | NAME  |   |  |
| STREET ADDRESS  | ONE TECHNOLOGY DRIVE  |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   |   |  |
| TITLE   | VAS                   | <input type="checkbox"/> Delete            | TITLE   |   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | WOODWORTH, MARSHALL   |  | NAME  |   |  |
| STREET ADDRESS  | ONE TECHNOLOGY DRIVE  |  | STREET ADDRESS  | 14101 CAPITAL BLVD, SUITE 201   |  |
| CITY-ST-ZIP   | WESTBOROUGH, MA 01581 |  | CITY-ST-ZIP   | YOUNGSSVILLE, NC 27596  |  |
| <b>12. 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.</b> |                       |  |   |   |  |
| <b>SIGNATURE:</b> <i>Donald R. Walker</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                       |  | DONALD R. WALKER 4/3/08 508-616-9468<br>Date Daytime Phone #  |   |  |