2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F93000001445

1. Entity Name
WEAVEXX CORPORATION



FILED Jun 09, 2003 8:00 am Secretary of State

06-09-2003 90124 028 ***150.00

Principal Place of Bus P.O. BOX 471 WAKE FOREST NG 20 2. Principal Place of		Mailing Address P.O. BOX 471 WAKE FOREST NC 2758	7					
WAKE FOREST NC 2	7587	WAKE FOREST NC 2758	7					
				1	1			
2. Principal Place of								
	Business	3. Mailing Address	ON OKU DRI	VE.				
Suite, Apt. #, etc. City & State		ONE TECHNOLOGY DRIVE Suite, Apt. #, etc. City & State WEST BOROUGH, MA			☐ CHECK HERE IF MA	KING CHAN	IGES	
				1 1	El Number AE_0297060		Applied	d For
				4. (00-0367809		Not Applicable	
Zip	Country	01581	Country USA	1	Certificate of Status Desired	Fee Re	5 Addition equired	iai
6. Name and Address of Current				7. Name and Address of		ered Agent	<u>.t</u>	
			Name					
C T CORPORAT	TION SYSTEM		Street A	ddress (P.O. B	lox Number is Not Acceptable)			
1200 SOUTH P	INE ISLAND ROAD				· · · · · · · · · · · · · · · · · · ·			
PLANTATION F	L 33324							
			City			FL Zi	p Code	
				1-1	ant or both in the State of Florida		r with, and	l accept
8. The above name	ed entity submits this statement	for the purpose of changing	its registered office of	r regisiereu ag	ent, or both, in the State of Florida.	211112		
the obligations of	f registered agent.							
SIGNATURE				ture required when s	vains lating)	DATE		
Signatu	ure, typed or printed name of registered age		OTE: Registered Agent signa	atore reduced when a	T T			
After May	NOW!!! FEE IS \$150.00 \ 1, 2003 Fee will be \$550.00	人名英 格兰			Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.00 M Added to	
Make Check Pay	able to Florida Department	114 . 72.40.11 40.1	11.		L DDITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS IN	J 11
10.		D DIRECTORS	TITLE	VP/AS				Addition
TITLE?	TIERREZ, THOMAS	Delete	NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	O CAPITAL BLVD.		STREET ADDRESS		ECHNOLOGY DR.			
	KE FOREST NC 27587	·	CITY-ST-ZIP	WEST	BOROUGH, MA 0158	<u>۲/</u>		
		□ Delete	TITLE	VP/AS	,		Change [Addition
	ANKENFIELD, JACK		NAME					
	20 CAPITAL BLVD.		STREET ADDRESS	I-	CHNOLOGY DR.			
	KE FOREST NC 27587		CITY-ST-ZIP	1	BOROUGH, MA 01581			ceri i conces
TITLE D		☑ Delete	TITLE	VP/5	170044/5//	LJ (Change 1	Addition
NAME TAI	RANO, MANUEL		NAME		HEL O'DONNELL			
	20 CAPITAL BLVD.		STREET ADDRES	DNETE	ECHNOLOGY OR.	-G1		
CITY-ST-ZIP WA	AKE FOREST NC 27587			0/00	BOROUGH, MA DI		Change [Addition
TITLE D		🖍 Delete	TITLE	ACOTO	AM STAUDENMAIEN ECHNOLOGY DR.	e	Ondings (
10,1112	ORWON, MICHAEL	•	NAME STREET ADDRES	DERING	TECHNOLOGY DR.			
	20 Capital BLVD AKE Forest NC		CITY-ST-ZIP	111657	BOROUGH, MADISE	\$ /		
CITY-ST-ZIP WF	ANE FUNEST NO		TITLE	TIAS	BORDOGH WATER	<u> </u>	Change	Addition
TITLE	ORMIER, JOHN	☐ Delete	NAME	' '''				
	20 CAPITAL BLVD		STREET ADDRES	S ONE	TECHNOLOGY DR.			
CIDEET ADDRESS 44			CITY-ST-ZIP	WEST	BOROUGH, MA OIS	8/		
1 1000	AKE FOREST NC 27587				,			🕅 Additio
CITY-ST-ZIP W	AKE FOREST NO 27587	☐ Delete	TITLE	VP/AS		Ü	Change	
CITY-ST-ZIP W/	AKE FUREST NU 2/58/	☐ Delete	TITLE NAME	VP/AS	·	L	Change	
CITY-ST-ZIP W	AKE FUREST NC 2758/	☐ Delete		VP/AS DONAL	LD WALKER TECH NOLDGY DR TBOROUGH ,MA OF		Change	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

58 - 532 - 1218 Davime Prione #

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



DOCUM 1. Entity Name	ENT#			· · · · · · · · · · · · · · · · · · ·	•
D.	O NOT WRIT	E IN THIS	SPACE		
Principal Place of Business 3.		3. Mailing Addres	S	*	
Suite, Apt. #, etc.		Suite, Apt. #, et	c.	DO NOT WRITE IN THIS	SPACE
City & State		City & State		4. FEI Number	Applied For No: Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7. Name and Address of Current Registere	d Agent
	DO NOT	NRITE	Street Address (F	P.O. Box Number is Not Acceptable)	
	IN THIS S	SPACE			{
			City	FL	Zip Code
	imed entity submits this statements of registered agent.	nt for the purpose of chan	ging its registered office or register	ed agent, or both, in the State of Florida. I am t	familiar with, and accept
SIGNATURE	ration, typed or product name of registered a	need and little if entries the	(NOTE: Registered Agont signisture required	viceo resistacing) (ATE	
Janua Af	ary 1 - May 1, Fee is \$150.00 ter May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Departmen			Glection Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS A	NO DIRECTORS	otil€E 5.0	o de la companya de La companya de la co	
NAME STREET ADDRESS City-ST-ZIP			STREET ADDRESS COTY STEET ADDRESS COTY STEET ADDRESS COTY STEET ADDRESS COTY STEET		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		HAME SPEELADORESS CITY: STATE		e e e e e e e e e e e e e e e e e e e
TITLE HAME STREET ADDRESS - GITY-ST-ZIP	4 2		TITLE NAME SPECEL ANDRESS CATY ST-229	DO NOT WRI	TE .
TITLE NAME STREET ADDRESS CITY-ST-7IP			IDES NAME ESTREE ADDRESS COVESTAGE	IN THIS SPAC	CE
Title Name Street address City-ST-Zip			TREES NAME STPEEL-CORESS COTY STUDE		
TITLE NAME STREET ADDRESS CHY-SI-ZIP			TITE HAME STREET ADDRESS \ OTTY-ST-44P		
indicated on of the corpor	this report or supplemental repo	rt is true and accurate an empowered to execute th	d that my signature shall have the si	tion 119.07(3)(i), Florida Statutes. I further cert ame legal effect as if made under oath: that I a 7, Florida Statutes; and that my name appears	m an officer or director
SIGNATU	RE:	OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	Date , Di	aytima Pinone #