

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

06-09-2003 90124 028 ***150.00

DOCUMENT # F93000001445

1. Entity Name
WEAVEXX CORPORATION



Principal Place of Business
**P.O. BOX 471
WAKE FOREST NC 27587**

Mailing Address
**P.O. BOX 471
WAKE FOREST NC 27587**

2. Principal Place of Business

3. Mailing Address

ONE TECHNOLOGY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WESTBOROUGH, MA

Zip

Country

Zip

01581

Country

USA

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**

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **GUTIERREZ, THOMAS**
STREET ADDRESS: **1120 CAPITAL BLVD.**
CITY-ST-ZIP: **WAKE FOREST NC 27587**

TITLE: **D** ☐ Delete
NAME: **FRANKENFIELD, JACK**
STREET ADDRESS: **1120 CAPITAL BLVD.**
CITY-ST-ZIP: **WAKE FOREST NC 27587**

TITLE: **D** ☒ Delete
NAME: **TARANO, MANUEL**
STREET ADDRESS: **1120 CAPITAL BLVD.**
CITY-ST-ZIP: **WAKE FOREST NC 27587**

TITLE: **D** ☒ Delete
NAME: **CORWON, MICHAEL**
STREET ADDRESS: **1120 CAPITAL BLVD**
CITY-ST-ZIP: **WAKE FOREST NC**

TITLE: **T** ☐ Delete
NAME: **CORMIER, JOHN**
STREET ADDRESS: **1120 CAPITAL BLVD**
CITY-ST-ZIP: **WAKE FOREST NC 27587**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **VP/AS** ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

TITLE: **VP/AS** ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

TITLE: **VP/S** ☐ Change ☒ Addition
NAME: **MICHAEL O'DONNELL**
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

TITLE: **P/AS** ☐ Change ☒ Addition
NAME: **BERTRAM STAUDENMAIER**
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

TITLE: **T/AS** ☒ Change ☐ Addition
NAME:
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

TITLE: **VP/AS** ☐ Change ☒ Addition
NAME: **DONALD WALKER**
STREET ADDRESS: **ONE TECHNOLOGY DR.**
CITY-ST-ZIP: **WESTBOROUGH, MA 01581**

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/AS Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

88-532-1778
Daytime Phone #

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80125423

DOCUMENT # 1. Entity Name			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fees Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent's signature required when reappointing)</small> DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			

CR2E034B (12/02)