2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002830

Title:

Name:

Address: City-St-Zip: TD

WALKER, KAREN

65 WEBB STREET

LEXINGTON, MA 02420

() Delete

Entity Name: CELLULAR EXPRESS, INC.

FILED May 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 SYLVAN RD SUITE 100 WOBURN, MA 01801 US **Current Mailing Address: New Mailing Address:** 100 SYLVAN RD SUITE 100 WOBURN, MA 01801 US FEI Number: 04-3126265 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SNOWDEN, EDWARD H Name: Name: 15 GREGORY STREET Address: Address: City-St-Zip: MARBLEHEAD, MA 01945 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SULLIVAN, ROBERT J Name: 169 HAMPSHIRE ROAD Address: Address: WELLESLEY, MA 02181 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition BOUFFARD, ALAN Name: Name: 55 GAY STREET Address: Address: City-St-Zip: NORWOOD, MA 02062 City-St-Zip: Title: () Delete Title: () Change () Addition VON MERING, FRITZ Name: Name: Address: 50 ROBINHOOD ROAD Address: City-St-Zip: WINCHESTER, MA 01890 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN WALKER TD 05/12/2004

() Change () Addition