

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002830

Entity Name: CELLULAR EXPRESS, INC.

FILED
Mar 23, 2005
Secretary of State

Current Principal Place of Business:

100 SYLVAN RD
SUITE 100
WOBURN, MA 01801 US

New Principal Place of Business:

55 MIDDLESEX TURNPIKE
BEDFORD, MA 01730 US

Current Mailing Address:

100 SYLVAN RD
SUITE 100
WOBURN, MA 01801 US

New Mailing Address:

55 MIDDLESEX TURNPIKE
BEDFORD, MA 01730 US

FEI Number: 04-3126265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SNOWDEN, EDWARD H
Address: 15 GREGORY STREET
City-St-Zip: MARBLEHEAD, MA 01945

Title: V (X) Delete
Name: SULLIVAN, ROBERT J
Address: 169 HAMPSHIRE ROAD
City-St-Zip: WELLESLEY, MA 02181

Title: S () Delete
Name: BOUFFARD, ALAN
Address: 55 GAY STREET
City-St-Zip: NORWOOD, MA 02062

Title: D () Delete
Name: VON MERING, FRITZ
Address: 50 ROBINHOOD ROAD
City-St-Zip: WINCHESTER, MA 01890

Title: TD () Delete
Name: WALKER, KAREN
Address: 65 WEBB STREET
City-St-Zip: LEXINGTON, MA 02420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: KAREN WALKER

TD

03/23/2005

Electronic Signature of Signing Officer or Director

Date