

FILED
Apr 23, 2008 8:00 am
Secretary of State

DOCUMENT # F97000004888



\$ 150.00

Mailing Address
77 S PROFORD ST, STE 200
ATTN: CORP TAX DEPT
BURLINGTON, MA 01803 US

40078443



01042007 Chq-P CR2E034 (12/06)

4. FEI Number
75-2510547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name _____

Street Address (P.O. Box Number is Not Acceptable)

City

FI

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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DANIEL J	
STREET ADDRESS	5080 SPECTRUM DR, 1200 W TOWER	
CITY - ST - ZIP	ADDISON, TX 75001	

TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	W. KEITH NEWTON		
STREET ADDRESS	5780 SPECTRUM DR 1200 W. TOWER		
CITY-ST-ZIP	ADDISON TX 75001		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PARR, RICHARD A II	
STREET ADDRESS	5080 SPECTRUM DR, 1200 W TOWER	
CITY - ST - ZIP	ADDISON, TX 75001	

TITLE	5	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ELENA R. J. THOMPSON		
STREET ADDRESS	5060 SPECTRUM DR 1200 W. TOWER		
CITY-ST-ZIP	ADDISON TX 75001		

TITLE	V	<input type="checkbox"/> Delete
NAME	GREENWOOD, JAMES M II	
STREET ADDRESS	5080 SPECTRUM DR, 1200 W TOWER	
CITY - ST - ZIP	ADDISON, TX 75001	

TITLE	CEO/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	DT	<input type="checkbox"/> Delete
NAME	KIRALY, THOMAS	
STREET ADDRESS	5080 SPECTRUM DR, 1200 W TOWER	
CITY - ST - ZIP	ADDISON TX 75001	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	FOGARTY, W T MD	
STREET ADDRESS	5080 SPECTRUM DR, 1200 W TOWER	
CITY-ST-ZIP	ADDISON, TX 75001	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	CHEDEKEL, GARY	
STREET ADDRESS	77 S BEDFORD ST	
CITY - ST - ZIP	BURLINGTON, MA 01803	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL
GARY CHENEY - VP - TAX