2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001236

1000 PLACE JEAN PAUL RIOPELLE

MONTREAL, QUE., CANADA,

Address:

City-St-Zip:

Entity Name: CWCAPITAL LLC

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 63 KENDRICK STREET NEEDHAM, MA 02494 **Current Mailing Address: New Mailing Address:** 63 KENDRICK STREET NEEDHAM, MA 02494 FEI Number: 02-0590657 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: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCHUSTER, TODD Name: Name: 63 KENDRICK STREET Address: Address: City-St-Zip: NEEDHAM, MA 02494 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BERMAN, MICHAEL D Name: Address: 63 KENDRICK STREET Address: City-St-Zip: NEEDHAM, MA 02494 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DANSEREAU, RICHARD Name: Name: 1000 PLACE JEAN PAUL RIOPELLE Address: Address: City-St-Zip: MONTREAL, QUE., CANADA, City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CHARPENTIER, SYLVAIN Name: 1000 PLACE JEAN PAUL RIOPELLE Address: Address: City-St-Zip: MONTREAL, QUE., CANADA, City-St-Zip: () Delete Title: MGR Title: () Change () Addition LEFEBVRE, LINE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: MICHAEL D. BERMAN MGR 03/27/2008