

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003073

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** WINGATE MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

100 WELLS AVE  
2ND FLOOR  
NEWTON, MA 02459

**New Principal Place of Business:**

**Current Mailing Address:**

100 WELLS AVE  
2ND FLOOR  
NEWTON, MA 02459

**New Mailing Address:**

**FEI Number:** 20-2388094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHUSTER, GERALD  
Address: 63 KENDRICK STREET  
City-St-Zip: NEEDHAM, MA 02494

Title: MGR  
Name: SCHUSTER, MARK S  
Address: 100 WELLS AVENUE  
City-St-Zip: NEWTON, MA 02459

Title: MGR  
Name: COPE, MICHAEL A  
Address: 100 WELLS AVENUE  
City-St-Zip: NEWTON, MA 02459

I hereby 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.

SIGNATURE: MICHAEL COPE

MGR

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date