

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002736

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC6453442578**

**Entity Name:** WIRELESS INFRASTRUCTURE DEVELOPMENT COMPANY

**Current Principal Place of Business:**

200 CLARENDON STREET  
BOSTON, MA 02116

**Current Mailing Address:**

200 CLARENDON STREET  
BOSTON, MA 02116

**FEI Number: 26-4483016**

**Certificate of Status Desired: No**

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

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

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name JONES, ROSS M  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, SECRETARY/CLERK  
Name HOFFMAN, ELIZABETH L  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title VICE PRESIDENT AND CHIEF FINANCIAL OFFICER  
Name BRING, KENNETH S  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR, TREASURER  
Name HAMELSKY, LAWRENCE S  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name FERENBACH, CARL  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

Title DIRECTOR  
Name HACK, RANDALL A  
Address 200 CLARENDON STREET  
City-State-Zip: BOSTON MA 02116

*I hereby 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 all other like empowered.*

**SIGNATURE: ELIZABETH HOFFMAN**

**SECRETARY**

**04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date