

1.) CORPORATION NAME:

**CROSS COUNTRY MOTOR CLUB, INC.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F0280455**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CABOT ROAD  
4TH FLOOR

CITY/ST/ZIP: MEDFORD, MA 02155

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID P FERRICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	123 GRANT STREET		
CITY/ST/ZIP/CO:	LEXINGTON, MA 02420		
NAME:	HOWARD L WOLK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	57 FRANCIS AVE		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02133		
NAME:	THOMAS P GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	45 BARTLETTS REACH		
CITY/ST/ZIP/CO:	AMESBURY, MA 01913		
NAME:	PETER C NECHELES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CLERK/VP/GC		
ADDRESS:	46 PETER TUFTS ROAD		
CITY/ST/ZIP/CO:	ARLINGTON, MA 02474		
NAME:	MARGARET G WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	9 WALNUT ST		
CITY/ST/ZIP/CO:	NEWBURYPORT, MA 01950		
NAME:	SIDNEY D WOLK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	330 BEACON STREET		
CITY/ST/ZIP/CO:	B54 BOSTON, MA 02116		

NAME: JEFFREY C WOLK TITLE: VICE PRESIDENT ADDRESS: 45 WOODLAND ROAD CITY/ST/ZIP/CO: CHESTNUT HILL, MA 02467	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES E FAULKNER TITLE: ASST TREASURER ADDRESS: 19 PRINCETON ROAD CITY/ST/ZIP/CO: BURLINGTON, MA 01803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JAMES EFAULKNER	JAMES EFAULKNER,	5/23/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.