

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003403

FILED
Apr 06, 2007
Secretary of State

Entity Name: D2HAWKEYE, INC.

Current Principal Place of Business:

130 TURNER ST.
WALTHAM, MA 02453

New Principal Place of Business:

130 TURNER ST.
7TH FLOOR
WALTHAM, MA 02453

Current Mailing Address:

130 TURNER ST.
WALTHAM, MA 02453

New Mailing Address:

130 TURNER ST.
7TH FLOOR
WALTHAM, MA 02453

FEI Number: 04-3542054

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KRYDER, JOHN C M.D.
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: S () Delete
Name: HANSEN, DAVID N
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: D () Delete
Name: HANSEN, DAVID N
Address: 20 WILLIAM STREET, SUITE 330
City-St-Zip: WELLESLEY, MA 02481

Title: D () Delete
Name: JANES, THOMAS
Address: ONE BOSTON PLACE
City-St-Zip: BOSTON, MA 02108

Title: D () Delete
Name: MARGUILES, DAVID
Address: 59 PINE RIDGE ROAD
City-St-Zip: WABAN, MA 02468

Title: D () Delete
Name: BERTSIMAS, DIMITRIS
Address: 43 LANTERN ROAD
City-St-Zip: BELMONT, MA 02478

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: KRYDER, JOHN C M.D.
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: S (X) Change () Addition
Name: HANSEN, DAVID N
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: D (X) Change () Addition
Name: HANSEN, DAVID N
Address: 130 TURNER ST.
City-St-Zip: WALTHAM, MA 02453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID N HANSEN

CFO

04/06/2007

Electronic Signature of Signing Officer or Director

Date