

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003403

FILED  
Apr 01, 2008  
Secretary of State

Entity Name: D2HAWKEYE, INC.

## Current Principal Place of Business:

130 TURNER ST.  
7TH FLOOR  
WALTHAM, MA 02453

## New Principal Place of Business:

## Current Mailing Address:

130 TURNER ST.  
7TH FLOOR  
WALTHAM, MA 02453

## New Mailing Address:

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: 130 TURNER ST.  
City-St-Zip: WALTHAM, MA 02453

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: JOHN KRYDER

PCD

04/01/2008

Electronic Signature of Signing Officer or Director

Date