

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 851304

1. Entity Name

THERMO ELECTRON CORPORATION

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90022 005 ***550.00

Principal Place of Business

81 WYMAN STREET
P.O. BOX 9046
WALTHAM MA 02254

Mailing Address

81 WYMAN STREET
P.O. BOX 9046
WALTHAM MA 02254

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

02454

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

02454

Country

4. FEI Number

04-2209186

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HATSOPOULOS, JOHN N.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM, MA 02254	
TITLE	T	<input type="checkbox"/> Delete
NAME	APICERNO, KENNETH	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	<input type="checkbox"/> Delete
NAME	GYFTOPOULOS, ELIAS P.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM, MA 02254	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLEHER, PAUL F.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM, MA 02254	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AGHABABIAN, ROBERT V. (A	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	PANTAZELLOS, PETER G.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hatsopoulos, George	
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert V. Aghababian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-11-00

Daytime Phone #

(781) 622-1000

CR2E034 (5/00)