

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000006929**1. Entity Name  
**ASSETSTREAM CORPORATION**Principal Place of Business  
400 UNICORN PARK DRIVE  
WOBURN MA 01801  
Mailing Address  
400 UNICORN PARK DRIVE  
WOBURN MA 018012. Principal Place of Business  
400 UNICORN PARK DRIVE  
3. Mailing Address  
P.O. BOX 3268Suite, Apt. #, etc.  
Suite, Apt. #, etc.City & State  
WOBURN MA  
City & State  
WOBURN MAZip  
01801  
Country  
US  
Zip  
018882268  
Country  
US4. FEI Number  
**04-3501314**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****REGISTERED AGENTS LEGAL SERVICES, INC.**  
941 4TH STREET, 2ND FLOOR**MIAMI BEACH FL**  
33139 US**7. Name and Address of New Registered Agent**Name  
**REGISTERED AGENTS LEGAL SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1333 NORTH DUVAL STREET**City  
**TALLAHASSEE FL**  
Zip Code  
**32302**

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 \_\_\_\_\_ **04/25/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	T	<input type="checkbox"/> Delete
NAME	VAIL TRACY	
STREET ADDRESS	400 UNICORN PARK DRIVE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	S	<input type="checkbox"/> Delete
NAME	NGOOI CHIU-OAN	
STREET ADDRESS	400 UNICORN PARK DRIVE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCCLYMONDS JAMES	
STREET ADDRESS	400 UNICORN PARK DRIVE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JOHNSON EDWARD	
STREET ADDRESS	400 UNICORN PARK DRIVE	
CITY-ST-ZIP	WOBURN MA 01801	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERSON THOMAS	
STREET ADDRESS	225 FRANKLIN STREET, 3RD FLOOR	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT PETER	
STREET ADDRESS	111 CUSHING STREET	
CITY-ST-ZIP	HINGHAM MA 02043	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLES COLLIER W		
STREET ADDRESS	34 NORTHGATE ROAD		
CITY-ST-ZIP	WELLESLEY HILLS MA 02481		
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NGOOI CHIU-OAN		
STREET ADDRESS	P.O. BOX 3268		
CITY-ST-ZIP	WOBURN MA 018882268		
TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLYMONDS JAMES W		
STREET ADDRESS	27 DRURY LANE		
CITY-ST-ZIP	WALTHAM MA 02452		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON EDWARD D		
STREET ADDRESS	P.O. BOX 3268		
CITY-ST-ZIP	WOBURN MA 018882268		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROGERSON THOMAS C		
STREET ADDRESS	225 FRANKLIN STREET, 3RD FLOOR		
CITY-ST-ZIP	BOSTON MA 02110		
TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENNETT PETER C		
STREET ADDRESS	111 CUSHING STREET		
CITY-ST-ZIP	HINGHAM MA 02043		

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:** Chiu-Oan Ngooi

S

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)