

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012794 MB

DOCUMENT # **F01000005256**

1. Entity Name

~~PROVANT PERFORMANCE SOLUTIONS, INC.~~

**NOVATIONS PERFORMANCE SOLUTIONS, INC.**



**FILED**  
03 MAR 24 PM 4:33:50  
90200742350  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
75 NORTH MAPLE AVENUE  
RIDGWOOD NJ 07450

Mailing Address  
75 NORTH MAPLE AVENUE  
RIDGWOOD NJ 07450



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-3445017**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **DP ZENGER, JOHN H**  
STREET ADDRESS **75 NORTH MAPLE AVENUE**  
CITY-ST-ZIP **RIDGWOOD NJ 07450**

TITLE  Change  Addition  
NAME **DIRECTOR / PRESIDENT**  
STREET ADDRESS **CRAIG SAWIN**  
CITY-ST-ZIP **67 Batterymarch ST BOSTON, MA 02110**

TITLE  Delete  
NAME **VTS HOEY, JANET**  
STREET ADDRESS **75 NORTH MAPLE AVENUE**  
CITY-ST-ZIP **RIDGWOOD NJ 07450**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **ASAT ALEXANDER, CONSTANTINE**  
STREET ADDRESS **155 SEAPORT BOULEVARD**  
CITY-ST-ZIP **BOSTON MA 02210**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000015848870**  
**04/14/03--01012--001 \*\*150.00**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**78**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SIGN HERE**

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Craig B. Sawin** **CRAIG B. SAWIN** 2/14/03 (617)772-7405  
DATE DAYTIME PHONE #

CR2E034 (10/02)