

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90091 001 ***150.00

DOCUMENT # F93000003406

1. Entity Name

CRABTREE & EVELYN, LTD. INC.

Principal Place of Business

Mailing Address

**880 WINTER STREET
 SUITE 300
 WALTHAM MA 02451**

**880 WINTER STREET
 SUITE 300
 WALTHAM MA 02451-1464**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2481685

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.

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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D HIAN, LEE H**
 STREET ADDRESS **2, JALAN RAJA DI-HILIR**
 CITY-ST-ZIP **30350 IPOH PE**

TITLE Change Addition
 NAME **Swanson, Steve**
 STREET ADDRESS **880 Winter St., Suite 300**
 CITY-ST-ZIP **Waltham, MA 02451**

TITLE Delete
 NAME **D HARVEY, CYRUS JR**
 STREET ADDRESS **880 WINTER ST STE 300**
 CITY-ST-ZIP **WALTHAM MA 02451**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P BUFFA, SANDRA M**
 STREET ADDRESS **880 WINTER ST STE 300**
 CITY-ST-ZIP **WALTHAM WA 02451**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HIAN, LEE O**
 STREET ADDRESS **55 JALAN GOLF**
 CITY-ST-ZIP **IPOH PE 30350**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HESSAN, DIANE**
 STREET ADDRESS **247 BROOKLINE STREET**
 CITY-ST-ZIP **NEWTON MA 02159**

TITLE Change Addition
 NAME **D Hian, Lee Soon**
 STREET ADDRESS **2, Jalan Raja Di-Hilir**
 CITY-ST-ZIP **30350 Ipoh Perak Malaysia**

TITLE Delete
 NAME **AS KELLEHER, ROBERT J**
 STREET ADDRESS **880 WINTER ST STE 300**
 CITY-ST-ZIP **WALTHAM WA 02451**

TITLE Change Addition
 NAME **S Kelleher, Robert J.**
 STREET ADDRESS **880 Winter St., Ste. 300**
 CITY-ST-ZIP **Waltham, MA 02451**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Kelleher, Secretary 1/6/2000 781/902-9000

Date

Daytime Phone #

x2250

00007200



DO NOT WRITE IN THIS SPACE