

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90010 016 \*\*\*550.00

DOCUMENT # F93000004794

1. Entity Name  
**THERMO Retec Corporation** ✓

Principal Place of Business: 1964 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703  
 Mailing Address: C/O TAX DEPT. 81 WYMAN STREET WALTHAM MA 02254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9 Pond Lane, Suite 5A, Concord MA  
 3. Mailing Address: Suite, Apt. #, etc. City & State

Zip: 01742 Country: Country Zip: 02454 Country: Country

4. FEI Number: 59-3203761 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: VP NAME: POWELL, JEFFREY L STREET ADDRESS: 9 POND LANE, SUITE 5A CITY-ST-ZIP: CONCORD MA 01742	<input type="checkbox"/> Delete
TITLE: V NAME: HATSPOULOS, JOHN N STREET ADDRESS: 81 WYMAN STREET CITY-ST-ZIP: WALTHAM MA	<input type="checkbox"/> Delete
TITLE: S NAME: LAMBERT, SANDRA L STREET ADDRESS: 81 WYMAN STREET CITY-ST-ZIP: WALTHAM MA	<input type="checkbox"/> Delete
TITLE: T NAME: APICERNO, KENNETH STREET ADDRESS: 81 SYMAN STREET CITY-ST-ZIP: WALTHAM MA 02454	<input type="checkbox"/> Delete
TITLE: VP NAME: KELLEHER, PAUL F STREET ADDRESS: 81 WYMAN ST CITY-ST-ZIP: WALTHAM MA 02254	<input type="checkbox"/> Delete
TITLE: V NAME: LOUSARARIAN, JAMES STREET ADDRESS: 81 WYMAN STREET CITY-ST-ZIP: WALTHAM MA	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: AS NAME: Robert Aghababian STREET ADDRESS: CITY-ST-ZIP: 02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: STREET ADDRESS: CITY-ST-ZIP: 02454	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: STREET ADDRESS: 81 Wyman St. CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: Robert W. Dunlap STREET ADDRESS: 9 Pond Lane, Suite 3A CITY-ST-ZIP: Concord, MA 01742	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 Aghababian** **7-13-00** (781) 622-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)