2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006919

1. Entity Name

ORION RESEARCH INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State
07-19-2000 90010 032 ***550.00

Principal Place of Business	Mailing Address
500 CUMMINGS CENTER BEVERLY MA 01915	81 WYMAN STREET WALTHAM MA 02254 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 02454 / Country

4. FEI Number 04-3064009 ☐ Applied For ☐ Not Applicable

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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS AGHABABIAN, ROBERT 81 WYMAN ST. WALTHAM MA 02254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT APICERNO, KENNETH 81 WYMAN ST. WALTHAM MA 02254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☑ Change ☐ Addition 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARBOOKLES, JAMES 500 CUMMINGS CENTER BEVERLY MA 01915	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASGC HOOGASIAN, SETH 81 WYMAN ST. WALTHAM MA 02254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ☑ Change ☐ Addition 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KELLEHER, PAUL 81 WYMAN ST. WALTHAM MA 02254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 02454
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LAMBERT, SANDRA 81 WYMAN ST. WALTHAM MA 02254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 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 Aghababian SIGNATURE REQUIRED 7-12-00 (781)622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #