

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91165 017 ***150.00

DOCUMENT # *F 97000006919*

1. Entity Name

Thermo Orion

*NIC
 74D
 1130100
 12/11*

Principal Place of Business

*500 Cummings Center
 Beverly MA 01915*

Mailing Address

*81 Wyman Street
 Waltham, MA 02454*

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3064009

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*CT 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

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, 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 *President/DIR.* ☐ Delete
 NAME *James Barbookles*
 STREET ADDRESS *500 Cummings Center*
 CITY-ST-ZIP *Beverly MA 01915*

TITLE *Treasurer* ☐ Delete
 NAME *Kenneth J Apicerno*
 STREET ADDRESS *81 Wyman Street*
 CITY-ST-ZIP *Waltham, MA 02454*

TITLE *Secretary* ☐ Delete
 NAME *Sandra L Lambert*
 STREET ADDRESS *81 Wyman Street*
 CITY-ST-ZIP *Waltham, MA 02454*

TITLE *Assistant Secretary* ☐ Delete
 NAME *Robert V Aghababian*
 STREET ADDRESS *81 Wyman Street*
 CITY-ST-ZIP *Waltham, MA 02454*

TITLE *Director* ☐ Delete
 NAME *Gary G Jones*
 STREET ADDRESS *470 Wildwood Street*
 CITY-ST-ZIP *Woburn MA 01888*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 V Aghababian*

Robert V Aghababian

4-26-01

(781) 622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/00)