

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-03-2001 91165 024 ***150.00

DOCUMENT # *F98000001597*

1. Entity Name

Thermo Fibergen

Principal Place of Business

*8 Alfred Circle
 Bedford MA 01730*

Mailing Address

*81 Wyman Street
 Waltham, MA 02454*

C0059023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3311544

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

7. Name and Address of New Registered Agent

*CT 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / <i>Die.</i>	<input type="checkbox"/> Delete
NAME	<i>Giannis Monovpukas</i>	
STREET ADDRESS	<i>8 Alfred Circle</i>	
CITY-ST-ZIP	<i>Bedford MA 01730</i>	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	<i>Kenneth J Apicerno</i>	
STREET ADDRESS	<i>81 Wyman Street</i>	
CITY-ST-ZIP	<i>Waltham, MA 02454</i>	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	<i>Sandra L Lambert</i>	
STREET ADDRESS	<i>81 Wyman Street</i>	
CITY-ST-ZIP	<i>Waltham, MA 02454</i>	
TITLE	Assistant Secretary	<input type="checkbox"/> Delete
NAME	<i>Robert V Aghababian</i>	
STREET ADDRESS	<i>81 Wyman Street</i>	
CITY-ST-ZIP	<i>Waltham, MA 02454</i>	
TITLE	Director	<input type="checkbox"/> Delete
NAME	<i>Sonathan Painter</i>	
STREET ADDRESS	<i>81 Wyman Street</i>	
CITY-ST-ZIP	<i>Waltham MA 02454</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 (11/00)