

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90027 025 \*\*\*150.00

**DOCUMENT # P00000018689**

1. Entity Name  
**TERRA NETWORKS OPERATIONS, INC.**

Principal Place of Business  
**1201 BRICKELL AVENUE., SUITE 700**  
**ATTN: ACCOUNTING DEPARTMENT**  
**MIAMI FL 33131**

Mailing Address  
**1201 BRICKELL AVENUE., SUITE 700**  
**ATTN: ACCOUNTING DEPARTMENT**  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**400-2 TOTTEN POND RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**400-2 TOTTEN POND RD**  
 Suite, Apt. #, etc.  
**ATTN: LEGAL DEPT.**

City & State  
**WALTHAM, MA**

City & State  
**WALTHAM, MA**

4. FEI Number **65-0994978**

Applied For  
 Not Applicable

Zip **02451** Country **USA**

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM**  
**660 EAST JEFFERSON STREET**  
**TALLAHASSEE FL 32301**

**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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DCEO BELLOD, MANUEL 1201 BRICKELL AVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA-URGELES, ANTONIO 1201 BRICKELL AVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT RODRIGUEZ, FERNANDO 1201 BRICKELL AVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUSE, RAISSA 1201 BRICKELL AVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MENENDEZ CAMBO, PATRICIA 1201 BRICKELL AVE MIAMI FL 33131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AND PRESIDENT KILGEE, STEPHEN 400-2 TOTTEN POND RD WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR, VP AND TREASURER <del>BRIAN</del> LUCY, BRIAN 400-2 TOTTEN POND RD WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SULLIVAN, DANIEL 400-2 TOTTEN POND RD WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY KAROL, PETER 400-2 TOTTEN POND RD WALTHAM, MA 02451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: Brian Lucy **BRIAN LUCY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

315/02

781-370-2706

Date Daytime Phone #

CR2E034 (9/01)