

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90277 018 ***150.00

DOCUMENT # *P08236*

1. Entity Name

Metracomp Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5130 Eisenhower Blvd

Suite, Apt. #, etc.

First Floor

City & State

Tampa FL

Zip

33634

Country

US

3. Mailing Address

130 Second Ave

Suite, Apt. #, etc.

Attn: Corp Tax Dept.

City & State

Waltham MA

Zip

02451

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1095987

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*President & Director
Christopher J. Garcia
130 Second Ave
Waltham MA 02451*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Sec. Treasurer, Director
James J. Cusumano
130 Second Ave
Waltham MA 02451*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Officer - Asst. VP - TAX
Gary Chedel
130 Second Ave
Waltham MA 02451*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY CHEDEL 4.25.02 (781) 290-5350

Date

Daytime Phone #

CR2E034B (12/01)