

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22899

1. Entity Name

CALIFORNIA PRODUCTS CORPORATION

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 045 ***150.00

Principal Place of Business

Mailing Address

169 WAVERLY STREET
CAMBRIDGE MA 02139
US

PO BOX 390569
CAMBRIDGE MA 02139-0007
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-1143180

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

CT CORPORATION SYSTEM
1200 S. 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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
AT	MULLANE, JEREMIAH F.	303 PARK AVE.	ARLINGTON MA 02174	<input type="checkbox"/>
STD	DEANGELIS, JOSEPH	25 APPLETON ROAD	WAKEFIELD MA 01880	<input type="checkbox"/>
VD	LOHR, DAVID G.	35 WALTZ WAY	CHEPACHET RI 02814	<input type="checkbox"/>
V	WOODHULL, ROGER W.	44 MACK HILL ROAD	AMHERST NH 03031	<input type="checkbox"/>
V	TUCKER, ARTHUR F.	39 ALDERBROOK DRIVE	TOPSFIELD MA 01983	<input type="checkbox"/>
V	CHILD, RONALD B.	28 OLDE FARMS ROAD	BOXFORD MA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Jeremiah F. Mullane
Jeremiah F. Mullane
Assistant Treasurer

2/16/00

Date

(617) 547-5300

Daytime Phone #

CR2E034 (9/99)