

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 366491

1. Corporation Name

CARLANKILLAM CONSULTING GROUP, INC.

Principal Place of Business

5111 N 12TH AVE
PENSACOLA FL 32513
US

Mailing Address

C/O THERMO ELECTRON CORP.. TAX DEPARTMENT
81 WYMAN STREET
WALTHAM MA 02254
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90185 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1970

4. FEI Number

59-1294824

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D WILLIAMSON, FRANKLIN O JR.
STREET ADDRESS 27 BLEEKER ST.
CITY-ST-ZIP MILLBURN NJ 07041

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD CARLAN, CHARLES H.
STREET ADDRESS 5111 NORTH 12TH AVE.
CITY-ST-ZIP PENSACOLA FL 32513-2518

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME AS AGHABABIAN, ROBERT V
STREET ADDRESS 81 WYMAN STREET
CITY-ST-ZIP WALTHAM MA 02254

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T RIORDAN, MELISSA
STREET ADDRESS 81 WYMAN STREET
CITY-ST-ZIP WALTHAM MA 02254

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Kenneth Apicerno
4.3 STREET ADDRESS 81 Wyman Street
4.4 CITY-ST-ZIP Waltham, MA 02454

TITLE ☐ DELETE
NAME AS HOOGASIAN, SETH H
STREET ADDRESS 81 WYMAN STREET
CITY-ST-ZIP WALTHAM MA 02254

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME S LAMBERT, SANDRA L
STREET ADDRESS 81 WYMAN STREET
CITY-ST-ZIP WALTHAM MA 02254

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-22-99 781.622.1132

Daytime Phone #

CR2E034 (11/98)