

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 018 ***550.00

DOCUMENT # 366491

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-1294824** Applied For
 Not Applicable

Zip 32504 Country	Zip 02454 Country
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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
 1200 SOUTH PINE ISLAND DRIVE
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D WILLIAMSON, FRANKLIN O JR. STREET ADDRESS 27 BLEEKER ST. CITY-ST-ZIP MILLBURN NJ 07041	<input type="checkbox"/> Delete
TITLE NAME PD CARLAN, CHARLES H. STREET ADDRESS 5111 NORTH 12TH AVE. CITY-ST-ZIP PENSACOLA FL-32513-2518	<input type="checkbox"/> Delete
TITLE NAME AS AGHABABIAN, ROBERT V STREET ADDRESS 81 WYMAN STREET CITY-ST-ZIP WALTHAM MA 02254	<input type="checkbox"/> Delete
TITLE NAME T APICERNO, KENNETH STREET ADDRESS 81 WYMAN STREET CITY-ST-ZIP WALTHAM MA 02254	<input type="checkbox"/> Delete
TITLE NAME AS HOOGASIAN, SETH H STREET ADDRESS 81 WYMAN STREET CITY-ST-ZIP WALTHAM MA 02254	<input type="checkbox"/> Delete
TITLE NAME S LAMBERT, SANDRA L STREET ADDRESS 81 WYMAN STREET CITY-ST-ZIP WALTHAM MA 02254	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 02454	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 02454	<input checked="" 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: *Robert Aghababian* **7-13-00** (761)622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #