

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835507

1. Entity Name

IR-MAPLE CORP.

Principal Place of Business

5 CAMBRIDGE CENTER., 9TH FLOOR
CAMBRIDGE MA 02142
US

Mailing Address

5 CAMBRIDGE CENTER., 9TH FLOOR
CAMBRIDGE MA 02142
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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, 2001 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: CEO
NAME: ASHNER, MICHAEL
STREET ADDRESS: 5 CAMBRIDGE CENTER., 9TH FLOOR
CITY-ST-ZIP: CAMBRIDGE MA 02142 ☐ Delete

TITLE: SVP
NAME: BRAUERMAN, PETER
STREET ADDRESS: 5 CAMBRIDGE CENTER., 9TH FLOOR
CITY-ST-ZIP: CAMBRIDGE MA 02142 ☐ Delete

TITLE: S
NAME: SWEENEY, LARA
STREET ADDRESS: 5 CAMBRIDGE CENTER., 9TH FLOOR
CITY-ST-ZIP: CAMBRIDGE MA 02142 ☐ Delete

TITLE: T
NAME: TIFFANY, CAROLYN
STREET ADDRESS: 5 CAMBRIDGE CENTER., 9TH FLOOR
CITY-ST-ZIP: CAMBRIDGE MA 02142 ☐ Delete

TITLE: AT
NAME: STAPLES, TOM
STREET ADDRESS: 5 CAMBRIDGE CENTER., 9TH FLOOR
CITY-ST-ZIP: CAMBRIDGE MA 02142 ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: Asst Secretary
NAME: Allison Forrester
STREET ADDRESS: 5 Cambridge Center, 9th Fl
CITY-ST-ZIP: Cambridge, MA 02142 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90999 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)