

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 035 ***150.00

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

3. Mailing Address
 Suite Apt # etc.
7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507

4. FEI Number **13-2849687** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ 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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO <input type="checkbox"/> Delete ASHNER, MICHAEL 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SVP BRAUERMAN, PETER 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S SWEENEY, LARA 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T TIFFANY, CAROLYN 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AT STAPLES, TOM 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AS FORRESTER, ALLISON 5 CAMBRIDGE CENTER 9TH FL CAMBRIDGE MA 02142

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507

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: Allison Forrester Date: 2/22/02 Daytime Phone #: 822-0022

1.1 UNIFORM

CR2E034 (9/01)