

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**

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

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



DO NOT WRITE IN THIS SPACE

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

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 ASHNER, MICHAEL 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BRAUERMAN, PETER 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWEENEY, LARA 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIFFANY, CAROLYN 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STAPLES, TOM 5 CAMBRIDGE CENTER., 9TH FLOOR CAMBRIDGE MA 02142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FORRESTER, ALLISON 5 CAMBRIDGE CENTER 9TH FL CAMBRIDGE MA 02142 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 Bulfinch Place, Suite 500 PO Box 9507 Boston, MA 02114-9507 <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: *Allison Forrester* 2/22/02 516 822-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)