

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 843514

1. Entity Name

MULTISYSTEMS CONSULTING, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90099 038 ***150.00

Principal Place of Business

Mailing Address

10 FAWCETT STREET
CAMBRIDGE MA 02138

10 FAWCETT STREET
CAMBRIDGE MA 02138-1171

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2451589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PBT ☐ Delete
NAME JOHN P. ATTANUCCI
STREET ADDRESS 2045 MASS. AVE
CITY-ST-ZIP LEXINGTON MA

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

TITLE VP ☐ Delete
NAME KETH W. FORSTALL
STREET ADDRESS 99 MERIAM ST.
CITY-ST-ZIP LEXINGTON MA 02173

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

TITLE VP ☐ Delete
NAME KARLA H. KARASH
STREET ADDRESS 47 CHESTNUT ST
CITY-ST-ZIP BOSTON MA 02173

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

TITLE T ☐ Delete
NAME REID, DOUGLAS S
STREET ADDRESS 97 PARK ST.
CITY-ST-ZIP PEPPERELL MA

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

TITLE CD ☒ Delete
NAME RICHARD H. ORENSTEIN
STREET ADDRESS 5 DAYBREAK LANE
CITY-ST-ZIP WESTPORT CT 06881

TITLE ☐ Change ☒ Addition
NAME DEAN ELDRI D
STREET ADDRESS 5 CURTIN COURT
CITY-ST-ZIP WAPPINGERS FALLS, NY 72590

TITLE B ☒ Delete
NAME JOSEPH M. SUSSMAN
STREET ADDRESS SANDY POND
CITY-ST-ZIP LINCOLN MA 01773

TITLE ☐ Change ☒ Addition
NAME LARRY DURHAM
STREET ADDRESS 3901 WATER EDGE DR.
CITY-ST-ZIP AUSTIN, TX 78731

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:

John P. Attanucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John P. Attanucci

3/30/00

Date

(617) 864-5816

Daytime Phone #

CR2E034 (9/99)