

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90093 017 ***550.00

DOCUMENT # F00000000440

1. Entity Name
LYCOS, INC.

Principal Place of Business
**400-2 TOTTEN POND ROAD
 WALTHAM MA 02451**

Mailing Address
**400-2 TOTTEN POND ROAD
 WALTHAM MA 02451**

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 **04-3277338**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$550.00
 After September 12, 2001 Fee 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 **PD** ☒ Delete
 NAME **DAVIS, ROBERT J**
 STREET ADDRESS **400-2 TOTTEN POND ROAD**
 CITY-ST-ZIP **WALTHAM MA 02154**

TITLE ☒ Change ☐ Addition
 NAME **Stephen Killeen**
 STREET ADDRESS **400-2 Totten Pond Rd**
 CITY-ST-ZIP **Waltham MA 02451**

TITLE ☐ Delete
 NAME **SCFO**
 STREET ADDRESS **PHILIP, EDWARD M**
 CITY-ST-ZIP **400-2 TOTTEN POND ROAD
 WALTHAM MA 02154**

TITLE ☒ Change ☐ Addition
 NAME **Chief Financial Officer**
 STREET ADDRESS **Brian D. LUCY**
 CITY-ST-ZIP **400-2 TOTTEN POND ROAD
 Waltham MA 02451**

TITLE ☒ Delete
 NAME **SEGE, RON A**
 STREET ADDRESS **400-2 TOTTEN POND ROAD**
 CITY-ST-ZIP **WALTHAM MA 02451**

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

TITLE ☒ Delete
 NAME **PETERSON, DAVID G**
 STREET ADDRESS **400-2 TOTTEN POND ROAD**
 CITY-ST-ZIP **WALTHAM MA 02451**

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

TITLE ☐ Delete
 NAME **GUILFOILE, THOMAS E**
 STREET ADDRESS **400-2 TOTTEN POND ROAD**
 CITY-ST-ZIP **WALTHAM MA 02451**

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

TITLE ☐ Delete
 NAME **BENNETT, JEFFREY S**
 STREET ADDRESS **400-2 TOTTEN POND ROAD**
 CITY-ST-ZIP **WALTHAM MA 02451**

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/01

(781) 795-3229

Date

Daytime Phone #

0105102 AT

CR2E034 (5/01)