

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000949

1. Entity Name
WEBCT, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90031 038 ***150.00

Principal Place of Business

TWO CORPORATION WAY
PEABODY MA 01960

Mailing Address

TWO CORPORATION WAY
PEABODY MA 01960

2. Principal Place of Business

6 KIMBALL LANE

3. Mailing Address

6 KIMBALL LANE

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

LYNNFIELD, MA

City & State

LYNNFIELD, MA

Zip

01940

Country

USA

Zip

01940

Country

USA

4. FEI Number

04-3392637

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLONE, CAROL TWO CORPORATION WAY PEABODY MA 01960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ASHER, WILLIAM 125 HIGH STREET BOSTON MA 02110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, GUY 100 BRICKSTONE SQUARE ANDOVER MA 02110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, PETER 175 FEDERAL STREET BOSTON MA 02110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISSA, NURI 31 MILL STREET, SUITE 510 BOSTON MA 02109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, OLIVER MTDC 300 BRICKSTONE SQ., YORK STREET ANDOVER MA 01810	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 KIMBALL LANE, SUITE 310 LYNNFIELD MA 01940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31 MILL STREET, SUITE 510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment
909013
F00000000949

OFFICERS/DIRECTORS RIDER

FL-2001 UNIFORM BUSINESS REPORT

WEBCT, INC.

List of Officers

Name:	CAROL VALLONE	Title:	PRESIDENT
Bus. Addr.:	c/o WEB CT, INC. 6 KIMBALL LN, SUITE 310, LYNNFIELD, MA 01940		
Name:	WILLIAM ASHER	Title:	ASST. SECRETARY
Bus. Addr.:	125 HIGH STREET, BOSTON, MA 02110 c/o TESTA HURWITZ		

List of Directors:

Name:	GUY BRADLEY
Bus. Addr.:	c/o CMG @ VENTURES 100 BRICKSTONE SQUARE, ANDOVER, MA 01810
Name:	PETER ROBERTS
Bus. Addr.:	c/o BANCOSTON VENTURES 175 FEDERAL STREET, BOSTON, MA 02110
Name:	NURI WISSA
Bus. Addr.:	c/o KESTREL VENTURE MANAGEMENT 31 MILK STREET, SUITE 510, BOSTON, MA 02109
Name:	OLIVER WARD
Bus. Addr.:	c/o GERMANIUM POWER DEVICES 300 BRICKSTONE SQ. YORK ST., ANDOVER, MA 01810
Name:	CAROL VALLONE
Bus. Addr.:	c/o WEB CT, INC. 6 KIMBALL LN, SUITE 310, LYNNFIELD, MA 01940
Name:	TIM OBRIEN
Bus. Addr.:	c/o WEB CT, INC. 6 KIMBALL LN, SUITE 310, LYNNFIELD, MA 01940
Name:	DAVE SHAFFER
Bus. Addr.:	c/o THOMSON CORPORATION, METRO CENTER, ONE STATION PLACE, STANFORD, CT 06902
Name:	JON LYNCH
Bus. Addr.:	c/o CHASE CAPITAL PARTNERS, 1221 AVENUE OF THE AMERICAS, NEW YORK, NEW YORK 10020
Name:	MURRAY GOLDBERG
Bus. Addr.:	c/o WEB CT-CANADA, 201-2389 HEALTH SCIENCES MALL, VANCOUVER, BC V6T1Z4