

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90071 038 ***150.00

0817474 AT

DOCUMENT # F00000000949

1. Entity Name
WEBCT, INC.

Principal Place of Business Mailing Address
6 KIMBALL LN 6 KIMBALL LN
S310 S310
LYNNFIELD MA 01940 LYNNFIELD MA 01940



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 **04-3392637** 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLONE, CAROL 6 KIMBALL LN S310 LYNNFIELD MA 01940	<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 MTD 310MILK ST S510 ANDOVER MA 01810	<input type="checkbox"/> Delete

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
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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

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

3-25-02

Date

781-309-1000

Daytime Phone #

CR2E034 (9/01)

Attachment of Doc#

*F00000000949
B2W3*

**WEBCT, INC.
OFFICERS/DIRECTORS RIDER**

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: RON DUNN
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: PETER SEGAL
Bus. Addr.: c/o WEB CT, INC. 6 KIMBALL LN, SUITE 310, LYNNFIELD, MA 01940

Name: BARBARA ROSS
Bus. Addr.: c/o WEB CT, INC. 6 KIMBALL LN, SUITE 310, LYNNFIELD, MA 01940