

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002101

1. Entity Name
LOCHARD CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90285 046 ***150.00

Principal Place of Business
**39 PLEASANT STREET, 2ND FLOOR
STONEHAM MA 02180**

Mailing Address
**39 PLEASANT STREET, 2ND FLOOR
STONEHAM MA 02180**

00037034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **68-0296301**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **NA**

Street Address (P.O. Box Number is Not Acceptable)

City 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	PCD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARTIN		NAME		
STREET ADDRESS	39 PLEASANT STREET, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	STONEHAM MA 02180		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIKARD-BELL, MICHAEL		NAME		
STREET ADDRESS	39 PLEASANT STREET, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	STONEHAM MA 02180		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALOM, SILVIO		NAME		
STREET ADDRESS	39 PLEASANT STREET, 2ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	STONEHAM MA 02180		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **ROBERT BRODECKY, VICE PRESIDENT** 03.26.01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (10/00)