

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90159 046 ***750.00

DOCUMENT # F00000002101

1. Entity Name
LOCHARD CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

AS ABOVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **68-0296301**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



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

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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

TITLE **PCD** ☐ Delete
 NAME **ADAMS, MARTIN**
 STREET ADDRESS **39 PLEASANT STREET, 2ND FLOOR**
 CITY-ST-ZIP **STONEHAM MA 02180**

TITLE **SD** ☐ Delete
 NAME **RIKARD-BELL, MICHAEL**
 STREET ADDRESS **39 PLEASANT STREET, 2ND FLOOR**
 CITY-ST-ZIP **STONEHAM MA 02180**

TITLE **D** ☐ Delete
 NAME **SALOM, SILVIO**
 STREET ADDRESS **39 PLEASANT STREET, 2ND FLOOR**
 CITY-ST-ZIP **STONEHAM MA 02180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEPT. 13, 2002

Date

781 438 5515

Daytime Phone #

CR2E034 (4/02)