

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # F00000002683
Entity Name HWT, Inc. (of MAINE) ✓**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90931 032 ***150.00

Principal Place of Business

Mailing Address

00000000

1. Principal Place of Business

3. Mailing Address

2 MONUMENT SQUARESAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4TH FLOOR

City & State

City & State

PORTLAND, ME

Zip

Country

Zip

Country

04101USA04101USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

01-0533846

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

CT CORPORATION SYSTEM
1200 SOUTH PINES ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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 reappointing)

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	<input type="checkbox"/> Delete
SEE ATTACHMENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SEE ATTACHMENT	
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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

4/23/01
Date(207) 775-0315
Daytime Phone #

CR2E034 (1/1/00)

<u>Name</u>	<u>Address</u>	<u>Term</u>
Desmond Varady Chairman	One Memorial Drive; 3 rd Floor Cambridge, MA 02142	No Term Expiration
Bradley Miller Treasurer	One Memorial Drive; 3 rd Floor Cambridge, MA 02142	No Term Expiration
Shawn Hoyt Secretary	One Memorial Drive; 3 rd Floor Cambridge, MA 02142	No Term Expiration
Gregory Boehmer Member	One Memorial Drive; 3 rd Floor Cambridge, MA 02142	No Term Expiration
Robert Genest Member(C.E.O.)	One Memorial Drive; 3 rd Floor Cambridge, MA 02142	No Term Expiration
James Gorman President & C.O.O.	2 Monument Square, 4 th Floor Portland, ME 04101	No Term Expiration