

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90244 032 \*\*\*550.00

0106038 AT

**DOCUMENT # F00000003161**

1. Entity Name  
**CO-NECT, INC.**

Principal Place of Business  
~~1770 MASSACHUSETTS AVENUE, BOX 301~~  
~~CAMBRIDGE MA 02140~~  
**37 BROADWAY**  
**ARLINGTON, MA 02474**

Mailing Address  
~~1770 MASSACHUSETTS AVENUE, BOX 301,~~  
~~CAMBRIDGE MA 02140~~  
**37 BROADWAY**  
**ARLINGTON, MA 02474**

**80063467**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**37 BROADWAY**

3. Mailing Address  
**37 BROADWAY**

Suite, Apt. #, etc.

City & State  
**ARLINGTON, MA**

Zip  
**02474**

Country  
**USA**

4. FEI Number  
**52-2130999**

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

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 \_\_\_\_\_ (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 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SKOLER, ANDREW</b> <b>10 FAWCETT STREET</b> <b>CAMBRIDGE MA 02138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>LIM, RICHARD</b> <b>10 FAWCETT STREET</b> <b>CAMBRIDGE MA 02138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GOLDBERG, BRUCE</b> <b>10 FAWCETT STREET</b> <b>CAMBRIDGE MA 02138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>LIM, RICHARD</b> <b>10 FAWCETT STREET</b> <b>CAMBRIDGE MA 02138</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, LAMAR</b> <b>3401 WEST END AVENUE, SUITE 520</b> <b>NASHVILLE TN 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11/

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>QUINTANA, JOSE, CEO</b> <b>37 BROADWAY</b> <b>ARLINGTON, MA 02474</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SKOLER, ANDREW</b> <b>37 BROADWAY</b> <b>ARLINGTON, MA 02474</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GOLDBERG, BRUCE</b> <b>37 BROADWAY</b> <b>ARLINGTON, MA 02474</b>	<input checked="" 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 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

**8/20/01** **6179953178**

Date Daytime Phone #

0106038 AT