

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000003330**1. Entity Name
ARROWSTREET INC.

Principal Place of Business 212 ELM STREET SOMERVILLE MA 02144	Mailing Address 212 ELM STREET SOMERVILLE MA 02144
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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
04-2323820
Applied For
Not Applicable5. 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 US**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 _____ **05/21/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	FLAJNIK JAMES D	
STREET ADDRESS	642 HURON AVE., #1	
CITY-ST-ZIP	CAMBRIDGE MA 02138	

TITLE	VD	<input type="checkbox"/> Delete
NAME	EDGERLY BRAD	
STREET ADDRESS	37 HAMLET STREET	
CITY-ST-ZIP	ARLINGTON MA 02474	

TITLE	VD	<input type="checkbox"/> Delete
NAME	COLE JOHN W	
STREET ADDRESS	9 GLEN AVENUE	
CITY-ST-ZIP	ARLINGTON MA 02474	

TITLE	CLRK	<input type="checkbox"/> Delete
NAME	DOUNIAS LINOS	
STREET ADDRESS	501 LEXINGTON STREET, #5	
CITY-ST-ZIP	WALTHAM MA 02454	

TITLE	TD	<input type="checkbox"/> Delete
NAME	BACHELOR JAMES P	
STREET ADDRESS	29 MANCHESTER ROAD	
CITY-ST-ZIP	BROOKLINE MA 02446	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLATTERY ROBERT	
STREET ADDRESS	1541 VT. RTE 110	
CITY-ST-ZIP	SOUTH ROYALTON VT 05068	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: George T. Tremblay

V

05/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)