

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90066 040 \*\*\*150.00

**DOCUMENT # F00000005718**

1. Entity Name

**EDC PROCESSING SERVICES, INC.**

Principal Place of Business

**1036 TURNPIKE ST. STEC  
 CANTON MA 02021**

Mailing Address

**1036 TURNPIKE ST. STEC  
 CANTON MA 02021**

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

**04-3286555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**STEVENS, MARC  
 3255 LAKESHORE DRIVE  
 DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name **MARC STEVENS**

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

**7030 PRADO LAKE DRIVE**

City

**DELRAY BEACH**

**FL**

Zip Code

**33446**

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 **MARC STEVENS CSTD**

*Marc Stevens*

**1/16/02**

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **STEVENS, JON A**  
 STREET ADDRESS **14 ANDREA DRIVE**  
 CITY-ST-ZIP **CANTON MA**

TITLE **V** ☐ Delete  
 NAME **STEVENS, TODD E**  
 STREET ADDRESS **500 E. 77TH STREET**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE **CSTD** ☐ Delete  
 NAME **STEVENS, MARC**  
 STREET ADDRESS **3255 LAKESHORE DR.**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D** ☐ Delete  
 NAME **VERRICO, DANIEL**  
 STREET ADDRESS **266 WILSON ST.**  
 CITY-ST-ZIP **MARLBOROUGH MA**

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 **PD** ☒ Change ☐ Addition  
 NAME **STEVENS, JON A**  
 STREET ADDRESS **10 SUMNER STREET**  
 CITY-ST-ZIP **CANTON MA 02021**

TITLE **V** ☒ Change ☐ Addition  
 NAME **STEVENS TODD E**  
 STREET ADDRESS **43 GREYSTONE WAY**  
 CITY-ST-ZIP **NO. EASTON, MA 02356**

TITLE **CSTD** ☒ Change ☐ Addition  
 NAME **STEVENS, MARC**  
 STREET ADDRESS **7030 PRADO LAKE DRIVE**  
 CITY-ST-ZIP **DELRAY BEACH, FL 33446**

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:

*Marc Stevens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/02**  
 Date

**781-828-2823**  
 Daytime Phone #

CR2E034 (9/01)