

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90733 006 \*\*\*550.00

05/18/02 AT

**DOCUMENT # F00000006929**

**1. Entity Name**  
**ASSETSTREAM CORPORATION**

**Principal Place of Business**

**400 UNICORN PARK DRIVE**  
**WOBURN MA 01801**  
**US**

**Mailing Address**

**P.O. BOX 3268**  
**WOBURN MA 01888-2268**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3 Baldwin Green Common**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Woburn, MA**

Zip  
**01801**

Country  
**US**

Zip

Country

**4. FEI Number**  
**04-3501314**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**REGISTERED AGENTS LEGAL SERVICES, INC.**  
**1333 NORTH DUVAL STREET**  
**TALLAHASSEE FL 32302**

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ Delete  
**NAME** **BENNETT, PETER C**  
**STREET ADDRESS** **111 CUSHING STREET**  
**CITY-ST-ZIP** **HINGHAM MA 02043**

**TITLE** **D** ☐ Delete  
**NAME** **ROGERSON, THOMAS C**  
**STREET ADDRESS** **225 FRANKLIN STREET, 3RD FLOOR**  
**CITY-ST-ZIP** **BOSTON MA 02110**

**TITLE** **DP** ☐ Delete  
**NAME** **JOHNSON, EDWARD D**  
**STREET ADDRESS** **P.O. BOX 3268**  
**CITY-ST-ZIP** **WOBURN MA 01888-2268**

**TITLE** **DT** ☒ Delete  
**NAME** **MCCLYMONDS, JAMES W**  
**STREET ADDRESS** **27 DRURY LANE**  
**CITY-ST-ZIP** **WALTHAM MA 02452**

**TITLE** **S** ☐ Delete  
**NAME** **NGOOI, CHIU-OAN**  
**STREET ADDRESS** **P.O. BOX 3268**  
**CITY-ST-ZIP** **WOBURN MA 01888-2268**

**TITLE** **D** ☐ Delete  
**NAME** **CHARLES, COLLIER W**  
**STREET ADDRESS** **34 NORTHGATE ROAD**  
**CITY-ST-ZIP** **WELLESLEY HILLS MA 02481**

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

**TITLE** **Director** ☐ Change ☒ Addition  
**NAME** **Wood III, Charles D.**  
**STREET ADDRESS** **975 Memorial Drive #212**  
**CITY-ST-ZIP** **Cambridge, MA 02138**

**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** **Secretary, Treasurer** ☒ Change ☐ Addition  
**NAME** **Ngooi, Chiu-Oan**  
**STREET ADDRESS** **P.O. Box 3268**  
**CITY-ST-ZIP** **Woburn, MA 01888-2268**

**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:** Ngooi, Chiu-Oan **5/22/02 781-938-0008x207**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)