

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

0571993 AT

**DOCUMENT # F01000000482**

**1. Entity Name**  
**PSYCHEMEDICS CORPORATION**

03-05-2002 90013 026 \*\*\*150.00

**Principal Place of Business**      **Mailing Address**  
**1280 MASSACHUSETTS AVE., SUITE 200**      **1280 MASSACHUSETTS AVE., SUITE 200**  
**CAMBRIDGE MA 02138**      **CAMBRIDGE MA 02138**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**4. FEI Number**      **58-1701987**      **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**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**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.**      ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>KUBACKI, RAYMOND C JR.</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1280 MASSACHUSETTS AVE., SUITE 200</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CAMBRIDGE MA 02138</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>ALLEN, A. CLINTON</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1280 MASSACHUSETTS AVE., SUITE 200</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CAMBRIDGE MA 02138</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VCFO</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>MONSON, PETER C</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1280 MASSACHUSETTS AVE., SUITE 200</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CAMBRIDGE MA 02138</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>DAUSEY, WILLIAM</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1280 MASSACHUSETTS AVE., SUITE 200</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CAMBRIDGE MA 02138</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>CD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>BAUMGARTNER, WERNER A</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>5832 UPLANDER WAY</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CULVER CITY CA 90230</b>	<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>SCHAFER, MICHAEL I</b>	<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>5832 UPLANDER WAY</b>	<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>CULVER CITY CA 90230</b>	<b>CITY-ST-ZIP</b>			

**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]*      **2/20/2002**      **617-868-7455**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)