

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90072 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001159

1. Entity Name

THOMSON & THOMSON INC.

Principal Place of Business

**500 VICTORY STREET
NORTH QUINCY MA 02171**

Mailing Address

**500 VICTORY STREET
NORTH QUINCY MA 02171**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

13-2966142

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

Name

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

City

FL

Zip Code

CORPORATION SERVICE COMPANY

**1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete
NAME **AGRAWAL, MUNISH**
STREET ADDRESS **500 VICTORY ROAD**
CITY-ST-ZIP **NORTH QUINCY MA 02171-1545**

TITLE **V** ☐ Delete
NAME **BECKINGHAM, DENNIS J**
STREET ADDRESS **610 OPPERMAN DRIVE**
CITY-ST-ZIP **EAGAN MN 55123**

TITLE **V** ☒ Delete
NAME **FANTASIA, ROBERT N**
STREET ADDRESS **500 VICTORY ROAD**
CITY-ST-ZIP **NORTH QUINCY MA 02171-1545**

TITLE **VAS** ☐ Delete
NAME **FRIEDLAND, EDWARD A**
STREET ADDRESS **ONE STATION PLACE, 4TH FLOOR**
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **P** ☐ Delete
NAME **GAST, JAY**
STREET ADDRESS **500 VICTORY ROAD**
CITY-ST-ZIP **NORTH QUINCY MA 02171**

TITLE **VS** ☐ Delete
NAME **HARRIS, MICHAEL S**
STREET ADDRESS **ONE STATION PLACE**
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02 **617-479-1600**
Date Daytime Phone #

CR2E034 (9/01)