

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

07 JAN -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000005265

1. Entity Name
KEWILL SOLUTIONS NORTH AMERICA, INC.



Principal Place of Business
100 NICKERSON ROAD
MARLBOROUGH, MA 01752

Mailing Address
100 NICKERSON ROAD
MARLBOROUGH, MA 01752



10172006 REIN-P CR2E098 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3109841

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Susan Powers, Assistant Secretary *Susan Powers, Assistant Secretary* 12/11/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NICHOLS, PAUL A
STREET ADDRESS 100 NICKERSON ROAD
CITY-ST-ZIP MARLBOROUGH, MA 01752

TITLE ☐ Change ☐ Addition
NAME 000081667040
STREET ADDRESS 11/09/06--01039--015 **750.00
CITY-ST-ZIP

TITLE VTS ☒ Delete
NAME CIRILLO, TRACY M
STREET ADDRESS 100 NICKERSON ROAD
CITY-ST-ZIP MARLBOROUGH, MA 01752

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

TITLE D ☐ Delete
NAME NICHOLS, PAUL
STREET ADDRESS 100 NICKERSON ROAD
CITY-ST-ZIP MARLBOROUGH, MA 01752

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

11.2.06

Date

Daytime Phone #

REINSTATEMENT

06

JSK