

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90028 002 \*\*\*150.00

**DOCUMENT # F04000005567**

1. Entity Name  
**CARBON DESIGN SYSTEMS, INC.**



Principal Place of Business  
**375 TOTTEN POND ROAD, STE. 100  
WALTHAM, MA 02451**

Mailing Address  
**375 TOTTEN POND ROAD, STE. 100  
WALTHAM, MA 02451**

40016233

2. Principal Place of Business - No P.O. Box #  
**125 NAGOG PARK**

3. Mailing Address  
**125 NAGOG PARK**

Suite, Apt. #, etc.

City & State  
**ACTON, MA**

City & State  
**ACTON, MA**

Zip  
**01720**

Country  
**US**

Zip  
**01720**

Country  
**US**

01032008 Chg-P CR2E034 (12/06)

4. FEI Number  
**03-0439326**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT LUCIER, RICHARD 375 TOTTEN POND ROAD, STE. 100 WALTHAM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCCORMACK, STEPHEN 375 TOTTEN POND ROAD, STE. 100 WALHEIM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DUMAS, PETER 375 TOTTEN POND ROAD, STE. 100 WALHEIM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICCI, STEPHEN J 375 TOTTEN POND ROAD, STE. 100 WALHEIM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, WILLIAM 375 TOTTEN POND ROAD, STE. 100 WALHEIM, MA 02451 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAZRI, EDGAR 375 TOTTEN POND RD WALTHAM, MA 02451 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: PETER W. DUMAS **PETER W. DUMAS** 1/3/08 781-880-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #