

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90999 007 ***150.00

DOCUMENT # F93000002448

1. Entity Name

PENAMI CORPORATION

Principal Place of Business

**5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE MA 02142
US**

Mailing Address

**5 CAMBRIDGE CENTER
9TH FLOOR
CAMBRIDGE MA 02142
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2669943

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	ASHNER, MICHAEL	
STREET ADDRESS	5 CAMBRIDGE CTR., 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRAVELMAN, PETER	
STREET ADDRESS	5 CAMBRIDGE CTR., 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPTS	<input type="checkbox"/> Delete
NAME	TIFFANY, CAROLYN	
STREET ADDRESS	5 CAMBRIDGE CTR., 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORRESTER, ALLISON	
STREET ADDRESS	5 CAMBRIDGE CTR., 9TH FLOOR	
CITY-ST-ZIP	CAMBRIDGE MA 02142	
TITLE	VPTS	<input checked="" type="checkbox"/> Delete
NAME	REARDON, KEVIN	
STREET ADDRESS	411 W PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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

Allison Forrester
Asst Secy

Date

Daytime Phone #

4/30/01 516
681 3636