

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90040 036 ***150.00

05/20/02 AT

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

**7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507**

3. Mailing Address

**7 Bulfinch Place, Suite 500
PO Box 9507
Boston, MA 02114-9507**

000010



DO NOT WRITE IN THIS SPACE

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

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

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.

SIGNATURE _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ASHNER, MICHAEL	5 CAMBRIDGE CTR., 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>
VP	BRAVELMAN, PETER	5 CAMBRIDGE CTR., 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>
VPTS	TIFFANY, CAROLYN	5 CAMBRIDGE CTR., 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>
AS	FORRESTER, ALLISON	5 CAMBRIDGE CTR., 9TH FLOOR	CAMBRIDGE MA 02142	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		7 Bulfinch Place, Suite 500	PO Box 9507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Boston, MA 02114-9507			
		7 Bulfinch Place, Suite 500	PO Box 9507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Boston, MA 02114-9507			
		7 Bulfinch Place, Suite 500	PO Box 9507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Boston, MA 02114-9507			
		7 Bulfinch Place, Suite 500	PO Box 9507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Boston, MA 02114-9507			
		7 Bulfinch Place, Suite 500	PO Box 9507	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Boston, MA 02114-9507			

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

Date

Daytime Phone #

CR2E034 (9/01)