

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003835

1. Entity Name

THERMEDICS DETECTION INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90010 034 \*\*\*550.00

Principal Place of Business

220 MILL RD.  
CHELMSFORD MA 01824  
US

Mailing Address

C/O TAX DEPT.  
81 WYMAN ST.  
WALTHAM MA 02254  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3106698

Applied For

Not Applicable

Zip

Country

Zip

Country

02454

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

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 ☐ Delete  
NAME PD  
STREET ADDRESS LANGAN, JEFF  
CITY-ST-ZIP 220 MILL RD.  
CHELMSFORD MA 01824

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS FINE, DAVID  
CITY-ST-ZIP 470 WILDWOOD ST.  
WOBBURN MA 01888

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 220 Mill Rd.  
CITY-ST-ZIP Chelmsford MA 01824

TITLE ☐ Delete  
NAME V  
STREET ADDRESS BUCKLEY, JAMES  
CITY-ST-ZIP 220 MILL ROAD  
CHELMSFORD MA 01824

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LAMBERT, SANDRA L  
CITY-ST-ZIP 81 WYMAN STREET  
WALTHAM MA 02254

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 02454

TITLE ☐ Delete  
NAME T  
STREET ADDRESS APICERNO, KENNETH  
CITY-ST-ZIP 81 WYMAN STREET  
WALTHAM MA 02454

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

TITLE ☐ Delete  
NAME AS  
STREET ADDRESS AGHABABIAN, ROBERT V  
CITY-ST-ZIP 81 WYMAN ST.  
WALTHAM MA 02254

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 02454

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:

Robert Aghababian

7-12-00

(781) 622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #