## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 27, 2001 8:00 am Secretary of State DOCUMENT # F9300005715 CANDELA LASER CORPORATION 27-2001 90246 005 \*\*\*150.00 Principal Place of Business Mailing Address 530 BOSTON POST RD. 530 BOSTON POST RD. WAYLAND MA 01778-1886 WAYLAND MA 01778-1886 645315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2477008 Not App:icable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City Zio 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE. M Addition BROYER, F PAUL PUCKRO, GERARD NAME NAME 530 ROSTON POST RD 530 BOSTON POST RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAYLAND MA 01778 CITY-ST-7IP BORVENNO, MA DITTI 8 ☐ Delete TITLE Coance Addition KELLEY, WILLIAM B NAME ROBERT WILBER 530 BOSTON POST RD STREET ADDRESS STREET ADDRESS *06*2 CHY-ST-ZIP WAYLAND MA 01778 CITY-ST-ZIP X Delete Addition TITLE DELE Change CAPLAN, JAY WILLIAM MEGRAU 530 BOSTON POST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAYLAND MA 01778 CITY-ST-ZIP $\mathcal{O}$ TITLE Delete TITLE (X Addition HSIA, JAMES C. NAME KENNETH ROBERTS 530 BOSTON POST RD. STREET ADDRESS STREET ADDRESS 530

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.

CHY-ST-ZIP

STREET ADDRESS City-ST-ZIP

SCREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS WAYLAND MA

WAYLAND MA

JOHNSON, THEODORE G.

530 BOSTON POST RD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

3/30/01

568-358-7637

Daytime Prione #

☐ Change

☐ Change

Addition

Addition