

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000000191**

1. Entity Name

GEO-CENTERS, INC.**FILED**
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90003 040 ***150.00

Principal Place of Business

Mailing Address

**7 WELLS AVE
NEWTON CENTRE MA 02159****7 WELLS AVE
NEWTON CENTRE MA 02459-3247**

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

04-2527130

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 HAYS STREET
SUITE 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, 2000 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 ☐ Delete
NAME **CEO**
STREET ADDRESS **MARRAM, EDWARD P**
CITY-ST-ZIP **199 RICE RD.
WAYLAND MA 01778**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **BORTEN, WILLIAM H**
CITY-ST-ZIP **10804 BALANTREE LANE
POTOMAC MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **WESSLER, BARRY D**
CITY-ST-ZIP **12009 SMOKETREE RD.
POTOMAC MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **V**
STREET ADDRESS **BEERS, RICHARD H**
CITY-ST-ZIP **2890 DUNLEIGH DR.
DUNKIRK MD**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **POGARIAN, ANDREA**
CITY-ST-ZIP **1138 CENTRE ST.
BROOKLINE MA 02466**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOUPS, JOHN M.**
CITY-ST-ZIP **1209 STUART ROBESON DR.
MCLEAN VA 22101**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/31/00

Date

617-964-7020

Daytime Phone #

CR2E034 (9/99)