

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000757

1. Entity Name

HONEYWELL DMC SERVICES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90147 038 ***150.00

Principal Place of Business

Mailing Address

HONEYWELL PLAZA
 MINNEAPOLIS MN 55440

HONEYWELL PLAZA
 PO BOX 524
 MINNEAPOLIS MN 55440-0524

2. Principal Place of Business

Six Admiral's Way
 Suite, Apt. #, etc.

3. Mailing Address

101 Columbia Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Chelsea, MA

City & State
 Morristown, NJ

4. FEI Number 04-2635704

Applied For
 Not Applicable

Zip Country
 02150 USA

Zip Country
 07962 USA

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] (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	P	<input type="checkbox"/> Delete
NAME	QUIGLEY, MICHAEL J.	
STREET ADDRESS	STONEHILL CORP CTR- 999 BROADWAY	
CITY-ST-ZIP	SAUGUS MA 01906	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GIBSON, KATHLEEN M	
STREET ADDRESS	HONEYWELL PLAZA	
CITY-ST-ZIP	MINNEAPOLIS MN 55408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNIGHT, SUSAN E.	
STREET ADDRESS	HONEYWELL PLAZA	
CITY-ST-ZIP	MINNEAPOLIS MN 55440	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GILLIGAN, KEVIN J.	
STREET ADDRESS	HONEYWELL PLAZA	
CITY-ST-ZIP	MINNEAPOLIS MN 55440	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PAULA R.	
STREET ADDRESS	HONEYWELL PLAZA	
CITY-ST-ZIP	MINNEAPOLIS MN 55440	
TITLE	AC	<input checked="" type="checkbox"/> Delete
NAME	CASCIO, JOHN	
STREET ADDRESS	STONEHILL CORP CTR- 999 BROADWAY	
CITY-ST-ZIP	SAUGUS MA 01906	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	70 wells Avenue
CITY-ST-ZIP	Newton, MA 02459
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	101 Columbia Rd
CITY-ST-ZIP	Morristown, NJ 07962
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PH Brownstein
 Authorized Signatory

4/25/00
 Date

973 455 5123
 Daytime Phone #

CR2E034 (9/99)