

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90022 021 ***150.00

DOCUMENT # F95000003678

1. Entity Name
INTERGEN SERVICES, INC.

Principal Place of Business

ATTN: MAURA GILLIGAN
ONE BOWDOIN SQUARE
BOSTON MA 02114

Mailing Address

ATTN: MAURA GILLIGAN
ONE BOWDOIN SQUARE
BOSTON MA 02114

2. Principal Place of Business
15 Wayside Road

Suite, Apt. #, etc.

3. Mailing Address
15 Wayside Road

Suite, Apt. #, etc.

City & State
Burlington, MA

Zip
01803

Country
USA

City & State
Burlington, MA

Zip
01803

Country
USA

4. FEI Number
04-3275339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 *[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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVA, CARLOS A	
STREET ADDRESS	9 BOARDMAN LANE	
CITY-ST-ZIP	HAMITON MA 01936	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TAKAHASKI, MARK	
STREET ADDRESS	185 BRISTOL ROAD	
CITY-ST-ZIP	WELLESLEY MA 02481	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	FOSTER, JOHN H	
STREET ADDRESS	2907 COLUMBUS BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	LOOMIS, RICHARD M	
STREET ADDRESS	8 LEATHER LANE	
CITY-ST-ZIP	BEVERLY FARMS MA 01915	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	KEKEISEN, JAMES	
STREET ADDRESS	42 WALKER ROAD	
CITY-ST-ZIP	MANCHESTER MA 01944	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	LILLEJORD, RONALD	
STREET ADDRESS	24 SPOONER ROAD	
CITY-ST-ZIP	BROOKLINE MA 02167	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

Date

Daytime Phone #

1-15-02 617-747-1737

CR2E034 (9/01)