

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004588

1. Entity Name  
ELSON T. KILLAM ASSOCIATES, INC. ✓

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

07-19-2000 90010 015 \*\*\*550.00

Principal Place of Business  
27 BLEEKER ST.  
MILLBURN NJ 07041-1008

Mailing Address  
81 WYMAN STREET  
WALTHAM MA 02254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-1613021**

Applied For  
Not Applicable

Zip Country

Zip Country

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

02454

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 **D APPLETON, JOHN P**  
STREET ADDRESS **81 WYMAN ST.**  
CITY-ST-ZIP **WALTHAM MA 02254**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **02454**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **02454**

TITLE  Delete  
NAME **A/S AGHABABIAN, ROBERT V**  
STREET ADDRESS **81 WYMAN ST.**  
CITY-ST-ZIP **WALTHAM MA 02254**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **02454**

TITLE  Delete  
NAME **A/S HOOGASIAN, SETH H**  
STREET ADDRESS **81 WYMAN ST.**  
CITY-ST-ZIP **WALTHAM MA 02254**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **02454**

TITLE  Delete  
NAME **PD HERKERT, EMIL C**  
STREET ADDRESS **27 BLEEKER ST.**  
CITY-ST-ZIP **MILLBURN NJ 07401**

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: Robert Aghababian **7-12-00** (781) 622-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #