

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004897

1. Entity Name

CIVIGENICS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90038 009 ***150.00

Principal Place of Business

100 LOCKE DR
MARLBOROUGH MA 01752
US

Mailing Address

100 LOCKE DR
MARLBOROUGH MA 01752-7216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3266429

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALEA, ROBERT P	
STREET ADDRESS	2805 BERING ST	
CITY-ST-ZIP	ANCHORAGE AK 99503	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	233 S WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, JOSEPH B	
STREET ADDRESS	22 HIGH STREET	
CITY-ST-ZIP	SOUTHBORO MA 01772	
TITLE	AC	<input checked="" type="checkbox"/> Delete
NAME	ANGELINI, MICHAEL P	
STREET ADDRESS	311 MAIN ST	
CITY-ST-ZIP	WORCESTER MA 01608	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, ROY I.	
STREET ADDRESS	100 LOCKE DR	
CITY-ST-ZIP	MARLBOROUGH MA 01752	
TITLE	D	<input type="checkbox"/> Delete
NAME	NICKLEN, OLIVER	
STREET ADDRESS	233 S WACKER DR	
CITY-ST-ZIP	CHICAGO IL 60606	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan McArdle	
STREET ADDRESS	153 Bancroft Ave.	
CITY-ST-ZIP	Reading, PA 01857	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre Marc Johnson	
STREET ADDRESS	1509, Sherbrooke Ouest, #161	
CITY-ST-ZIP	Montreal (Quebec), Canada H3G 1M1	
TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Rosenthal	
STREET ADDRESS	100 Locke Dr. One Financial Center	
CITY-ST-ZIP	Boston, MA 01752	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 508-303-6178

CR2E034 (9/99)