

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90844 014 ***150.00

DOCUMENT # F95000005778

1. Entity Name

ELCOM SERVICES GROUP, INC.

Principal Place of Business

Mailing Address

10 OCEANA WAY
 NORWOOD MA 02062

10 OCEANA WAY
 NORWOOD MA 02062-2601

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

04-3292174

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	MULHERN, LAURENCE F	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	CROWELL, ROBERT J	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALNEN, JOHN E JR.	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MAGIONCALDA, ANDREW A	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GAUVIN, ALFRED J.	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCEACHERN, MICHAEL J	
STREET ADDRESS	10 OCEANA WAY	
CITY-ST-ZIP	NORWOOD MA 02062	

TITLE	V, CFO, AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rendall, Peter	
STREET ADDRESS	10 Oceana Way	
CITY-ST-ZIP	Norwood, MA 02062	
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crowell, Robert J.	
STREET ADDRESS	10 Oceana Way	
CITY-ST-ZIP	Norwood, Ma 02062	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Halnen, John E., Jr.	
STREET ADDRESS	10 Oceana Way,	
CITY-ST-ZIP	Norwood, Ma. 02062	
TITLE	General Council	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Soloway, Scott	
STREET ADDRESS	10 Oceana Way	
CITY-ST-ZIP	Norwood, Ma 02062	
TITLE	VF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mueller, Paul	
STREET ADDRESS	10 Oceana Way	
CITY-ST-ZIP	Norwood, Ma 02062	

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

Paul Mueller
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Mueller, Vice President

Date

4/24/2000
 Daytime Phone #

CR2E034 (9/99)