

2001 UNIFORM BUSINESS REPORT (UBR)

pg 1 of 2 0440712

DOCUMENT # F95000006310

1. Entity Name

IRON MOUNTAIN RECORDS MANAGEMENT, INC.

FILED

01 MAR -1 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

745 ATLANTIC AVENUE
BOSTON MA 02111

745 ATLANTIC AVENUE
BOSTON MA 02111

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3038590

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

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, 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, 2001 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 checked="" type="checkbox"/> Delete
NAME	WENDELL, DAVID S	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENNU, JOHN J JR	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATZKE, GARRY B	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	TV	<input type="checkbox"/> Delete
NAME	LAWRENCE, J.P.	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	CD	<input type="checkbox"/> Delete
NAME	REESE, C.R.	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYAN, VINCENT J	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	BOSTON MA 02111	

TITLE	Acting President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. RICHARD REESE	
STREET ADDRESS	745 ATLANTIC AVENUE	
CITY-ST-ZIP	Boston, MA 02111	
TITLE	Kenny, John F. Jr.	<input checked="" 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SP

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

01-17-01

Date

(617) 535-4702

Daytime Phone #

CR2E034 (10/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 057660 4321862

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 150.00

ORDER DATE : February 27, 2001

ORDER TIME : 11:08 AM

ORDER NO. : 057660-030

CUSTOMER NO: 4321862

CUSTOMER: Ms. Ann Carbone
Iron Mountain Incorporated
745 Atlantic Avenue
10th Floor
Boston, MA 02111

ANNUAL REPORT FILING

NAME: IRON MOUNTAIN RECORDS
MANAGEMENT, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS:
