

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001156

1. Entity Name

TNE INFORMATION SERVICES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90002 026 ***150.00

Principal Place of Business

Mailing Address

501 BOYLSTON STREET
BOSTON MA 02117

501 BOYLSTON STREET
BOSTON MA 02116-3706

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

2nd Floor

City & State

City & State

Zip

02116

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

9

4. FEI Number

04-3229974

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

CT 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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	CANDITO, ANTHONY J	
STREET ADDRESS	212 OLD BARN PATH	
CITY-ST-ZIP	MARSHFIELD MA 02050	
TITLE	S	<input type="checkbox"/> Delete
NAME	LIVINGSTON, MARY C	
STREET ADDRESS	60 WHARF STREET	
CITY-ST-ZIP	NAHANT MA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOODY JR, LEWIS R	
STREET ADDRESS	226 NAHANT ROAD	
CITY-ST-ZIP	NAHANT MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BRASH, STEPHEN J	
STREET ADDRESS	332 EAST 84TH ST	
CITY-ST-ZIP	NEW YORK NY 10029	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BROWN, LEO R	
STREET ADDRESS	20 VALLEY RD	
CITY-ST-ZIP	GLEN ROCK NJ 07452	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, H J	
STREET ADDRESS	25 CAROLINE PARK	
CITY-ST-ZIP	NEWTON MA	

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Higgins, Donald J.	
STREET ADDRESS	88 Bradford Common Lane	
CITY-ST-ZIP	Braintree, MA 02184	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harrison, Gregory M.	
STREET ADDRESS	10 Ann Drive North	
CITY-ST-ZIP	Freeport, NY 11520	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lewis, Jay	
STREET ADDRESS	525 West End Ave.	
CITY-ST-ZIP	New York, NY 10024	

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:

May C. Livingston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00
Date

Daytime Phone #

CR2E034 (9/99)