

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002593

1. Entity Name

CLARICOM NETWORKS, INC.

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**

06-03-2000 90003 001 \*\*\*300.00

Principal Place of Business

Mailing Address

478 WHEELERS FARMS ROAD  
MILFORD CT 06460

478 WHEELERS FARMS ROAD  
MILFORD CT 06460-9105

2. Principal Place of Business

500 Staples Drive  
Suite, Apt. #, etc.

3. Mailing Address

500 Staples Drive  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Frammingham MA  
Zip 01702 Country USA

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Frammingham MA  
Zip 01702 Country USA

4. FEI Number

04-3314894

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 VASD ☒ Delete  
NAME BARNES, STEVEN W  
STREET ADDRESS TWO COPLEY PLACE, 7TH FLOOR  
CITY-ST-ZIP BOSTON MA

TITLE CHAIRMAN & DIRECTOR ☐ Change ☒ Addition  
NAME THOMAS G. STEMBERG  
STREET ADDRESS 500 STAPLES DRIVE  
CITY-ST-ZIP FRAMMINGHAM, MA 01702

TITLE VTD ☒ Delete  
NAME POLER, DWIGHT M  
STREET ADDRESS TWO COPLEY PLACE, 7TH FLOOR  
CITY-ST-ZIP BOSTON MA

TITLE VICE PRES. ☐ Change ☒ Addition  
NAME KRISTIN CAMPBELL  
STREET ADDRESS 500 STAPLES DRIVE  
CITY-ST-ZIP FRAMMINGHAM, MA 01702

TITLE VS ☒ Delete  
NAME GRAHAM, JAMES  
STREET ADDRESS 478 WHEELERS FARMS ROAD  
CITY-ST-ZIP MILFORD CT 06460

TITLE SECRETARY & V.P. ☐ Change ☒ Addition  
NAME JACK VAN WOERKOM  
STREET ADDRESS 500 STAPLES DRIVE  
CITY-ST-ZIP FRAMMINGHAM, MA 01702

TITLE CED ☒ Delete  
NAME LAVIN, EDWARD H  
STREET ADDRESS 478 WHEELERS FARMS ROAD  
CITY-ST-ZIP MILFORD CT 06460

TITLE TREASURER & V.P. ☐ Change ☒ Addition  
NAME WILLIAM SWANSON  
STREET ADDRESS 500 STAPLES DRIVE  
CITY-ST-ZIP FRAMMINGHAM, MA 01702

TITLE CD ☒ Delete  
NAME PAGLIUCA, STEPHEN G  
STREET ADDRESS TWO COPLEY PLACE  
CITY-ST-ZIP BOSTON MA 02116

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☒ Delete  
NAME LICHTMAN, NEIL  
STREET ADDRESS 478 WHEELERS FARMS ROAD  
CITY-ST-ZIP MILFORD CT 06460

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:

*William Swanson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000

Date

508-253-5438

Daytime Phone #

CR2E034 (9/99)