

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002594

1. Entity Name

CLARICOM, 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

3. Mailing Address

500 Staples Drive
Suite, Apt. #, etc.

500 Staples Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Framingham, MA
Zip 01702 Country USA

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Zip 01702 Country USA

4. FEI Number

04-3314884

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	<input checked="" type="checkbox"/> Delete
NAME	BARNES, STEVEN W	
STREET ADDRESS	TWO COPLEY PLACE, 7TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	POLER, DWIGHT M	
STREET ADDRESS	TWO COPLEY PLACE, 7TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, JAMES A	
STREET ADDRESS	478 WHEELERS FARMS ROAD	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE	VATD	<input checked="" type="checkbox"/> Delete
NAME	LAVINE, JONATHAN	
STREET ADDRESS	TWO COPLEY PLACE 7TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02116	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	LAVIN, EDWARD	
STREET ADDRESS	478 WHEELERS FARMS ROAD	
CITY-ST-ZIP	MILFORD CT 06460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS G. STEMBERG	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM, MA 01702	
TITLE	Sr. V.P. & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SWANSON	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM, MA 01702	
TITLE	SECRETARY & Sr. V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK VAN NOERKOM	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM, MA 01702	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTIN A CAMPBELL	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM, MA 01702	
TITLE	DIRECTOR, C.F.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN J MATHONEY	
STREET ADDRESS	500 STAPLES DRIVE	
CITY-ST-ZIP	FRAMINGHAM, MA 01702	
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 persons empowered.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2000
Date

508-253-5438
Daytime Phone #

CR2E034 (9/99)