

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90024 011 ***150.00

DOCUMENT # F96000002618

1. Corporation Name

THERMOLASE CORPORATION

Principal Place of Business

10455 PACIFIC CTR CT
SAN DIEGO CA 92121

Mailing Address

C/O TAX DEPARTMENT
81 WYMAN STREET
WALTHAM MA 02254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

06-1360302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2055-C Luna Road

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Carrollton, TX

City & State

28

Zip Country

24 75006

25

Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, JOHN C	
STREET ADDRESS	10455 PACIFIC CENTER COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AGHABABIAN, ROBERT V	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUFEB, FIROOZ	
STREET ADDRESS	10455 PACIFIC CENTER COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANG, KENNETH Y DR	
STREET ADDRESS	10455 PACIFIC CENTER COURT	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDWIN, CARLISS Y DR	
STREET ADDRESS	395 SOLDIERS FIELD RD	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GYFTOPOULOS, ELIAS P DR	
STREET ADDRESS	77 MASSACHUSETTS AVE	
CITY-ST-ZIP	CAMBRIDGE MA 02139	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Feldman, Gerald	
1.3 STREET ADDRESS	8 Olsen Avenue	
1.4 CITY-ST-ZIP	Edison, NJ 08820	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Apicerno, Kenneth	
3.3 STREET ADDRESS	81 Wyman Street	
3.4 CITY-ST-ZIP	Waltham, Ma 02454	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lanmbert, Sandra	
4.3 STREET ADDRESS	81 Wyman Street	
4.4 CITY-ST-ZIP	Waltham, MA 02454	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert V. Aghababian

781.622.1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)