## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9600002618 Jul 19, 2000 8:00 am 1. Entity Name **Secrétary of State** THERMOLASE CORPORATION 07-19-2000 90010 033 \*\*\*550.00 Principal Place of Business Mailing Address 10455 PACIFIC CTR CT C/O TAX DEPARTMENT SAN DIEGO CA 92121 81 WYMAN STREET WALTHAM MA 02254 2. Principal Place of Business 3. Mailing Address 2055 - ( Luna Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1360302 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 02454 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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. TATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, Change ☐ Addition ☐ Delete TITLE TITLE FELDMAN, GERALD NAME NAME 2055-6 Luna Rd. STREET ADDRESS STREET ADDRESS 8 OLSEN AVENUE Carrollton TX 75006 CITY-ST-ZIP CITY-ST-ZIP EDISON NJ 08820 AS ☐ Delete TITLE ☐ Addition TITI F AGHABABIAN, ROBERT V NAME 81 WYMAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 02454 CITY-ST-ZIP WALTHAM MA 02254 Addition TITLE Delete TITLE APICERNO, KENNETH NAME STREET ADDRESS STREET ADDRESS 81 WYMAN STREET CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02454 **Addition** ☐ Delete TITLE TITLE Lambert, sondra LANMBERT, SANDRA NAME NAME 81 WYMAN STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WALTHAM MA 02454 TITLE ☐ Change ☐ Addition ☐ Delete TITLE **BALDWIN, CARLISS Y DR** NAME NAME 395 SOLDIERS FIELD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA** ☐ Change ☐ Addition TITLE ☐ Delete TITLE GYFTOPOULOS, ELIAS P DR NAME NAME STREET ADDRESS 77 MASSACHUSETS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CAMBRIDGE MA 02139**

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: Robert Anaphare VECITIE

7-12-00

781/622-1000

Daytime Phone #