

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002830

1. Entity Name
CELLULAR EXPRESS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 032 ***150.00

Principal Place of Business

Mailing Address

100 SYLVAN RD
WOBBURN MA 01801
US

100 SYLVAN RD
WOBBURN MA 01801-1851
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-3126265

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 P
NAME EDWARD Y SNOWDEN ☐ Delete
STREET ADDRESS 1511 ARBORETUM WAY
CITY-ST-ZIP BURLINGTON MA 01803

TITLE P/D
NAME EDWARD H. SNOWDEN ☒ Change ☐ Addition
STREET ADDRESS 15 GREGORY STREET
CITY-ST-ZIP MARBLEHEAD, MA 01945

TITLE V
NAME SULLIVAN, ROBERT J ☐ Delete
STREET ADDRESS 169 HAMPSHIRE ROAD
CITY-ST-ZIP WELLESLEY MA 02181

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

TITLE S
NAME BOUFFARD, ALAN ☐ Delete
STREET ADDRESS 55 GAY STREET
CITY-ST-ZIP NORWOOD MA 02062

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

TITLE T
NAME VON MERING, FRITZ ☐ Delete
STREET ADDRESS 50 ROBINHOOD ROAD
CITY-ST-ZIP WINCHESTER MA 01890

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

TITLE T
NAME WALKER, KAREN ☐ Delete
STREET ADDRESS 42 EIGHTH ST #1525
CITY-ST-ZIP CHARLESTOWN MA 02129

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

KAREN A. WALKER, TREASURER 4/19/00 (617) 692-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)