

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003348

1. Entity Name

SCHAFFER CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90201 010 ***150.00

Principal Place of Business

Mailing Address

321 BILLERICA ROAD
CHELMSFORD MA 01824-4191
US

321 BILLERICA ROAD
CHELMSFORD MA 01824-4100
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01824-4191

4. FEI Number 04-2505947

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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** ☐ Delete
NAME **HABER, STUART S**
STREET ADDRESS **16 LONGMEADOW RD**
CITY-ST-ZIP **LINCOLN MA 01773**

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

TITLE **EVP** ☒ Delete
NAME **GERRY, EDWARD T**
STREET ADDRESS **1549M N 22ND ST**
CITY-ST-ZIP **ARLINGTON VA-22209**

TITLE **V** ☐ Change ☒ Addition
NAME **BUCKLEY, PATRICIA**
STREET ADDRESS **5 RIVERVIEW DRIVE**
CITY-ST-ZIP **NEWBURYPORT, MA 01950**

TITLE **CFOT** ☐ Delete
NAME **KELLNER, JOHN E**
STREET ADDRESS **1 BOBOLINK RD**
CITY-ST-ZIP **WESTFOR MA 01886**

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

TITLE **V** ☐ Delete
NAME **DYER, RICHARD W**
STREET ADDRESS **4224G JEFFERSON OAK CIRCLE**
CITY-ST-ZIP **FAIRFAX VA 22033**

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

TITLE **V** ☐ Delete
NAME **GARCIA, JOHN C**
STREET ADDRESS **6222 RIME VILLAGE DR., #1**
CITY-ST-ZIP **HUNTSVILLE AL 35806**

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

TITLE **VC** ☐ Delete
NAME **BENEDICT, RETTIG P**
STREET ADDRESS **38 LIVE OAK LOOP NE**
CITY-ST-ZIP **ALBUQUERQUE NM 87122**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Kellner

978-256-2070

Date

Daytime Phone #

CR2E034 (9/99)