

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 029 ***150.00

60037172



01202006 Chg-P CR2E034 (11/05)

4. FEI Number
06-1040874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FIROUZ, FEREDDOUA	
STREET ADDRESS	ONE TECHNOLOGY PLACE	
CITY-ST-ZIP	ROCKLAND, MA 02370	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUMANN, ROLAND	
STREET ADDRESS	CHIVES MINES, 15 BIS, 1211	
CITY-ST-ZIP	GENEVA, SWITZERLAND,	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSENBERG, ELLEN S	
STREET ADDRESS	ONE TECHNOLOGY PLACE	
CITY-ST-ZIP	ROCKLAND, MA 02370	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLIOTT, MONICA	
STREET ADDRESS	ONE TECHNOLOGY PLACE	
CITY-ST-ZIP	ROCKLAND, MA 02370	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	THEURILLAT, JACQUES	
STREET ADDRESS	CHIDES MINES, 15 BIS, 1211	
CITY-ST-ZIP	GENEVA, SWITZERLAND,	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSTEN BOESS	
STREET ADDRESS	1 TECHNOLOGY PLACE	
CITY-ST-ZIP	ROCKLAND, MA 02370	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIROUZ, FEREDDOUA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIVES MINES, 15 BIS 1211	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brynnie Bull
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 781-681-2373
Date Daytime Phone #