

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90066 015 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT #	F96000006009
1. Entity Name SAXET CORPORATION	

Principal Place of Business 100 CHARLES PARK ROAD WEST ROXBURY MA 02132	Mailing Address 100 CHARLES PARK ROAD WEST ROXBURY MA 02132
--	--

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 36-2816664	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

SIGNATURE _____ (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. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MILLER, CRAIG S	
STREET ADDRESS 100 CHARLES PARK ROAD	
CITY-ST-ZIP WEST ROXBURY MA	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME JONES, MARK A	
STREET ADDRESS 100 CHARLES PARK ROAD	
CITY-ST-ZIP WEST ROXBURY MA	
TITLE VT	<input type="checkbox"/> Delete
NAME VINCENT, ROBERT M	
STREET ADDRESS 100 CHARLES PARK ROAD	
CITY-ST-ZIP WEST ROXBURY MA	
TITLE VD	<input type="checkbox"/> Delete
NAME MACPHAIL, PAUL W	
STREET ADDRESS 100 CHARLES PARK ROAD	
CITY-ST-ZIP WEST ROXBURY MA	
TITLE D	<input type="checkbox"/> Delete
NAME SPENCER, AARON D	
STREET ADDRESS 100 CHARLES PARK ROAD	
CITY-ST-ZIP WEST ROXBURY MA	
TITLE AS	<input checked="" type="checkbox"/> Delete
NAME CULLEN, MAGDALENE A	
STREET ADDRESS 100 CHARLES PARK RD	
CITY-ST-ZIP W ROXBURY MA 02132	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME George W. Herz II	
STREET ADDRESS 100 Charles Park Road	
CITY-ST-ZIP West Roxbury, MA 02132	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Maurice D. Molod	
STREET ADDRESS 100 Charles Park Road	
CITY-ST-ZIP West Roxbury, MA 02132	
TITLE V, T, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D, P	<input checked="" 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 AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Richard A. Binder	
STREET ADDRESS 100 Charles Park Road, West Roxbury, MA 02132	
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: *Richard A. Binder* **SIGNATURE REQUIRED** (Richard A. Binder, Asst. Sec. 01/14/02 617-323-9200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)