FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2001 8:00 am DOCUMENT # F9700001073 **Secretary of State** 1. Entity Name GEI CONSULTANTS, INC. 02-13-2001 90028 018 \*\*\*150.00 Principal Place of Business Mailing Address 1021 MAIN ST. 1021 MAIN ST. $a \perp a a \wedge a \wedge \cdots$ WINCHESTER MA 01890-1970 WINCHESTER MA 01890-1970 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 04-2468348 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (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 TITLE ☐ Delete TITLE LEATHERS, FRANCIS D NAME NAME Daniel P. LaGatta STREET ADDRESS STREET ADDRESS 1021 MAIN ST. 1021 Main St. CITY-ST-ZIP CITY-ST-ZIP **WINCHESTER MA 01890-1970** Winchester, MA 01890-1970 Addition ☐ Change TITLE ☐ Celete TITLE Gonzalo Castro POULOS, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 1021 MAIN ST. 1021 Main St. Winchester, MA 01890-1970 CITY-ST-7IP CITY-ST-ZIP WINCHESTER MA 01890-1970 [XIX ddition TITLE Change Delete TITLE FERGUSON, KEITH A John A. Ripp NAME NAME STREET ADDRESS STREET ADORESS 5660 GREENWOOD PLAZA BLVD., STE. 202 188 Norwich Ave. CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD CO 80111 Colchester, CT 06415 Delete TITLE ☐ Change ☐ Addition TITLE NAME MURDOCK, RICHARD NAME STREET ADDRESS STREET ADDRESS 1021 MAIN ST. CITY-ST-ZIP CITY-ST-ZIP WINCHESTER MA 01890 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLER, THOMAS O NAME STREET ADDRESS STREET ADDRESS 2141 PALOMAR AIRPORT RD., STE. 160 CITY-ST-ZIP CITY-ST-ZIP CARLSBAD CA 92009 ☐ Delete TITLE ☐ Change ☐ Addition TITLE UNITES, DENNIS NAME NAME STREET ADDRESS 188 NORWICH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COLCHESTER CT 06415** 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: February 2, 2001 (781) 721-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG DEFICER STUDIES FOR STU