

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002339

1. Entity Name

QC OPTICS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90061 027 ***550.00

Principal Place of Business

Mailing Address

46 JONSPIN RD
 WILMINGTON MA 01887
 US

46 JONSPIN RD
 WILMINGTON MA 01887-1019
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2916548

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 CP ☐ Delete
 NAME CHASE, ERIC T
 STREET ADDRESS 19 CRAIGIE CIRCLE
 CITY-ST-ZIP CARLISLE MA 01740

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

TITLE D ☐ Delete
 NAME TARRH, JOHN M
 STREET ADDRESS 20 OAKLAND ST
 CITY-ST-ZIP LEXINGTON MA 02173

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

TITLE D ☒ Delete
 NAME FINE, CHARLES H
 STREET ADDRESS 325 HIGHLAND AVE
 CITY-ST-ZIP W. NEWTON MA 02165

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

TITLE D ☐ Delete
 NAME BERMAN, ALAN
 STREET ADDRESS 4032 ORMA DR
 CITY-ST-ZIP PALO ALTO CA 94306

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

TITLE VT ☐ Delete
 NAME ALLARD, RICHARD
 STREET ADDRESS 15 PENNINMAN LANE
 CITY-ST-ZIP HAMPTON FL 03842

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

TITLE S ☐ Delete
 NAME HILL, MARGUERITE J
 STREET ADDRESS 17 KEATING LANE
 CITY-ST-ZIP DRACUT MA 01826

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:

Richard C. Allard **ACQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-00

Date

978-657-7007

Daytime Phone #

CR2E034 (9/99)