

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002578

1. Entity Name

TECHEX, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90003 039 ***150.00

Principal Place of Business

Mailing Address

ONE NORTH AVENUE
BURLINGTON MA 01803

ONE NORTH AVENUE
BURLINGTON MA 01803-3313

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2476050

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 PTD ☐ Delete
NAME DADMUN, JAMES G
STREET ADDRESS 44 PRATT DRIVE
CITY-ST-ZIP WEST NEWTON MA 02165

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

TITLE CDV ☐ Delete
NAME SOUZA, PAUL R
STREET ADDRESS 93 GOLDEN RUN ROAD
CITY-ST-ZIP BOLTON MA 01740

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

TITLE D ☒ Delete
NAME O'SHEA, JAMES M
STREET ADDRESS 11 CHESBROUGH ROAD
CITY-ST-ZIP WEST ROXBURY MA 02132

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

TITLE AC ☐ Delete
NAME MALOUF, RICHARD A
STREET ADDRESS 64 DOW AVENUE
CITY-ST-ZIP ARLINGTON MA 02174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS THOMAS E. MAGUIRE
CITY-ST-ZIP 56 FOREST ST.
SUDBURY MA 01776

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 A. Malouf 3/5/00 781-685-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/99)