

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90057 003 ***150.00

DOCUMENT # F97000003022

1. Corporation Name
XENERGY, INC.

Principal Place of Business
**THREE BURLINGTON WOODS
BURLINGTON MA 01803**

Mailing Address
**THREE BURLINGTON WOODS
BURLINGTON MA 01803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1997

4. FEI Number

04-2555765

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PC**
STREET ADDRESS **WARNER, KELLOGG L**
CITY-ST-ZIP **388 OCEAN AVE
MARBLEHEAD MA 01945**

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **BLASI, GREGORY J**
CITY-ST-ZIP **521 Highbrook Ave
Pelham Manor NY 10803**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **GRAHAM, JOHN R**
CITY-ST-ZIP **21 PASSACONAWAY DR
BILLERICA MA 01821**

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **VON SCHACK, WESLEY**
CITY-ST-ZIP **4500 KVESTAL PKWY E
BRINGHAMTON NY 13902**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KOLODKIN, STANLEY S**
CITY-ST-ZIP **16 TURNING MILL RD
LEXINGTON MA 02173**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S**
2.3 STREET ADDRESS **Daniel Farley**
2.4 CITY-ST-ZIP **4500 Vestal Parkway East
Binghamton, NY 13902**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

3/30/99

Date

Daytime Phone #

CR2E034 (4/1/98)