

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90045 008 \*\*\*150.00

**DOCUMENT # F97000004939**

1. Entity Name  
**HR2, INC.**

Principal Place of Business

**100 FIFTH AVE.  
WALTHAM MA 02254**

Mailing Address

**100 FIFTH AVE.  
WALTHAM MA 02254**

2. Principal Place of Business

**800 West Cumming St. Suite 1500  
Woburn MA**

3. Mailing Address

**300 Atrium Dr.  
Somerset NJ**

Suite, Apt. #, etc.

**Woburn MA**

Suite, Apt. #, etc.

**Somerset NJ**

City & State

**Woburn MA**

City & State

**Somerset NJ**

Zip

**01801**

Country

**USA**

Zip

**08873**

Country

**USA**

4. FEI Number **04-3382551**

Applied For

Not Applicable

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, 2001, 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	DP	<input checked="" type="checkbox"/> Delete
NAME	LYNN, WAYNE R	
STREET ADDRESS	100 FIFTH AVE.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TRAIL N #400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALTER, JAMES M	
STREET ADDRESS	100 FIFTH AVE.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	STVP	<input checked="" type="checkbox"/> Delete
NAME	KENEALY, EDMUND C	
STREET ADDRESS	100 FIFTH AVE.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Kappaut	
STREET ADDRESS	300 Atrium Dr	
CITY-ST-ZIP	Somerset, NJ 08873	officer
TITLE	Kenneth Jankowski, Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1901 Ulmerton Rd	
STREET ADDRESS	Suite 800	
CITY-ST-ZIP	Clearwater, FL 33762	officer
TITLE	V.P. Finance / CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Kelly	
STREET ADDRESS	300 Atrium Dr	
CITY-ST-ZIP	Somerset, NJ 08873	officer
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Kelly	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Kappaut	
STREET ADDRESS	same as above	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)