

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005269

1. Entity Name

WORK 'N GEAR CORP.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 041 ***150.00

Principal Place of Business

Mailing Address

555 TURNPIKE STREET
CANTON MA 02021

555 TURNPIKE STREET
CANTON MA 02021-2724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3128706

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	OSBORNE, ROGER	
STREET ADDRESS	555 TURNPIKE STREET	
CITY-ST-ZIP	CANTON MA 02021	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEINSTEIN, ALAN	
STREET ADDRESS	555 TURNPIKE STREET	
CITY-ST-ZIP	CANTON MA 02021	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BEAUDOUIN, MARK	
STREET ADDRESS	555 TURNPIKE STREET	
CITY-ST-ZIP	CANTON MA 02021	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, PHILIP G	
STREET ADDRESS	555 TURNPIKE STREET	
CITY-ST-ZIP	CANTON MA 02021	
TITLE	C	<input type="checkbox"/> Delete
NAME	BAKER, SHERMAN	
STREET ADDRESS	555 TURNPIKE STREET	
CITY-ST-ZIP	CANTON MA 02021	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIFFORD, J C	
STREET ADDRESS	BERKSHIRE PARTNERS/1 BOSTON PLACE	
CITY-ST-ZIP	BOSTON MA 02108	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas J. Konecki	
STREET ADDRESS	555 Turnpike St.	
CITY-ST-ZIP	Canton MA 02021	
TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A O'Hara	
STREET ADDRESS	555 Turnpike St.	
CITY-ST-ZIP	Canton MA 02021	
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth C. White	
STREET ADDRESS	555 Turnpike St.	
CITY-ST-ZIP	Canton MA 02021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

781-828-9300

Daytime Phone #

CR2034 (9/99)