

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**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90282 012 \*\*\*150.00

**DOCUMENT #**

1. Corporation Name

LABSYSTEMS, INC.

Principal Place of Business

Mailing Address

8 East Forge Parkway  
Franklin, MA 02038  
USA  
c/o Tax Dept  
81 Wyman Street  
Waltham, MA 02454  
USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/13/1998

2. Principal Place of Business

2a. Mailing Address

21 8 East Forge Parkway

26 c/o Tax Dept

4. FEI Number  
04-3199207

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 City & State  
Franklin, MA

27 81 Wyman Street  
28 Waltham, MA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip Country  
02038 USA

29 Zip Country  
02454 USA

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

81 Name  
CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road  
83  
84 City  
Plantation FL 85 Zip Code  
33324

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  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME Barry Howe  
1.3 STREET ADDRESS 8 Forge Parkway  
1.4 CITY-ST-ZIP Franklin MA 02038  
2.1 TITLE T ☐ Change ☒ Addition  
2.2 NAME Kenneth Apicerno  
2.3 STREET ADDRESS 81 Wyman Street  
2.4 CITY-ST-ZIP Waltham, MA 02454  
3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME Sandra Lambert  
3.3 STREET ADDRESS 81 Wyman Street  
3.4 CITY-ST-ZIP Waltham, MA 02454  
4.1 TITLE AS ☐ Change ☒ Addition  
4.2 NAME Robert Aghababian  
4.3 STREET ADDRESS 81 Wyman Street  
4.4 CITY-ST-ZIP Waltham, MA 02454  
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:** Robert V. Aghababian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99 781.622.1132

CR2E034 (1/98)