

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90074 004 ***550.00

DOCUMENT # F98000000988

1. Entity Name
PAMET SYSTEMS, INC.



Principal Place of Business
 1000 MAIN ST
 ACTON MA 01420

Mailing Address
 1000 MAIN ST
 ACTON MA 01420

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **04-2985838**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JOSWICK, DAVID
101 SOUTHHALL LANE, SUITE 400
MAITLAND FL 32751

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	C	<input type="checkbox"/> Delete
NAME	SEARCY, JOEL B	
STREET ADDRESS	20 RADDIN RD	
CITY-ST-ZIP	GROTON MA 01450	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGOW, BRUCE	
STREET ADDRESS	220 OCEAN AVE.	
CITY-ST-ZIP	MARBLEHEAD MA 01945	
TITLE	D	<input type="checkbox"/> Delete
NAME	SETHI, DAVINDER	
STREET ADDRESS	37 E. RIDGE RD.	
CITY-ST-ZIP	SKILLMAN NJ 08558	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCKAY, DAVID T	
STREET ADDRESS	825 WEST ST	
CITY-ST-ZIP	CARLISLE MA 01741	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BECKER, RICHARD C	
STREET ADDRESS	12 LARCH RD	
CITY-ST-ZIP	ACTON MA 01720	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBBOY, STANLEY	
STREET ADDRESS	104 DONEGAL DR	
CITY-ST-ZIP	CHAPEL HILL NC 27514	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2 JILLMAR LANE	
CITY-ST-ZIP	TRURO, MA 02666	
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		
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-6-00** Daytime Phone # **978-263-2060**

CR2E034 (5/00)