

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 26, 1999 8:00 am  
Secretary of State

04-26-1999 90223 050 \*\*\*150.00

DOCUMENT # F98000001523

1. Corporation Name

DOMAIN MANUFACTURING CORPORATION



Principal Place of Business

150 CAMBRIDGE PARK DRIVE  
CAMBRIDGE MA 02140

Mailing Address

150 CAMBRIDGE PARK DRIVE  
CAMBRIDGE MA 02140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1998

4. FEI Number

04-3396220

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

21 3998 F.A.U. BLVD

Suite, Apt. #, etc.

22 200

City & State

23 BOCA RATON, FL

Zip

Country

24 33431

25

2a. Mailing Address

26 3998 F.A.U. BLVD

Suite, Apt. #, etc.

27 200

City & State

28 BOCA RATON, FL

Zip

Country

29 33431

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ARAPS, CONSTANCE  
STREET ADDRESS 150 CAMBRIDGE PARK DRIVE  
CITY-STATE-ZIP CAMBRIDGE MA

TITLE V ☒ DELETE

NAME WEINTRAUB, ROSS  
STREET ADDRESS 150 CAMBRIDGE PARK DRIVE  
CITY-STATE-ZIP CAMBRIDGE MA

TITLE S ☒ DELETE

NAME SEMPER, JUDITH  
STREET ADDRESS 150 CAMBRIDGE PARK DRIVE  
CITY-STATE-ZIP CAMBRIDGE MA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME CONSTANCE ARAPS  
1.3 STREET ADDRESS 3998 F.A.U. BLVD #200  
1.4 CITY-STATE-ZIP BOCA RATON, FL 33431

2.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition

2.2 NAME DAVID WEIGAND  
2.3 STREET ADDRESS 3998 F.A.U. BLVD #200  
2.4 CITY-STATE-ZIP BOCA RATON, FL 33431

3.1 TITLE SECRETARY ☐ Change ☒ Addition

3.2 NAME TED DELYANIS  
3.3 STREET ADDRESS 63 SOUTH AVE  
3.4 CITY-STATE-ZIP BURLINGTON, MASS. 01803

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)