

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005780

1. Entity Name

ARCUS DATA SECURITY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90049 009 ***150.00

Principal Place of Business

Mailing Address

ATLANTIC AVENUE
MA 02111

745 ATLANTIC AVENUE
BOSTON MA 02111-2735



DO NOT WRITE IN THIS SPACE

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 94-2148675

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CD	REUSE, C R	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	
P	EBBIGHAUSEN, HARRY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	
V	DRUTMAN, RICHARD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	
V	KENNY JR, JOHN F	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	
VT	LAWRENCE, JOHN P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	
V	BUA, JEAN A	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS	745 ATLANTIC AVENUE		NAME	
ST-ZIP	BOSTON MA		STREET ADDRESS	
			CITY-ST-ZIP	

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

1-25-00

(617) 535-4766

Date

Daytime Phone #

CR2E034 (9/99)