

# 2001 UNIFORM BUSINESS REPORT (UBR)

18192

0440715

DOCUMENT # F98000005780

1. Entity Name

ARCUS DATA SECURITY, INC.

FILED

01 MAR -1 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

745 ATLANTIC AVENUE  
BOSTON MA 02111

Mailing Address

745 ATLANTIC AVENUE  
BOSTON MA 02111

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

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, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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SP

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  
GARY B. WATKIE

Secretary

01/17/01

(617) 535-4702

Date

Daytime Phone #

CR2E034 (10/00)

292



ACCOUNT NO. : 072100000032

REFERENCE : 057660 4321862

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 150.00

ORDER DATE : February 27, 2001

ORDER TIME : 11:03 AM

ORDER NO. : 057660-025

CUSTOMER NO: 4321862

CUSTOMER: Ms. Ann Carbone  
Iron Mountain Incorporated  
745 Atlantic Avenue  
10th Floor  
Boston, MA 02111

ANNUAL REPORT FILING

NAME: ARCUS DATA SECURITY, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward, - Ext. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR - 1 AM 11:33  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING