## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Naotada kusmitani

## **FILED** DOCUMENT # F99000002117 May 11, 2000 8:00 am 1. Entity Name Secretary of State PADS SOFTWARE, INC. 05-11-2000 90262 032 \*\*\*150.00 Mailing Address Principal Place of Business 165 FOREST STREET 165 FOREST STREET MARLBORO MA 01752-3048 MARLBORO MA 01712 3. Mailing Address 2. Principal Place of Business same as about anore ame Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 04-3138738 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. DC Change Addition CR2E034 (9/99 **PCEO** TITI F TITLE □ Delete FINIGAN, RICHARD T NAME NAME STREET ADDRESS STREET ADDRESS 165 FOREST STREET 01752 CITY-ST-ZIP CITY-ST-ZIP MARLBORO MA 01712 . Addition ☐ Change TITI F ☐ Delete TITLE james Gennari 165 Forest Street HASHIMOTO, HIROSHI NAME STREET ADDRESS 165 FOREST STREET STREET ADDRESS marloon, MA 01762 CITY-ST-ZIP CITY-ST-ZIP MARLBORO MA 01712 Addition ☐ 'Change Delete **EVTS** TITLE TITLE JohnSalamone ROGERS, JOHN J JR NAME NAME 105 Forest Street STREET ADDRESS 165 FOREST STREET STREET ADDRESS CITY-ST-ZIP Marlboro, MA 01752 CITY-ST-ZIP MARLBORO MA 01712 Change Addition TITLE ☐ Delete TITLE ken Tepper KUSHITANI, NAOTADA NAME NAME 105 Forest street STREET ADDRESS STREET ADDRESS 165 FOREST STREET CITY-ST-ZIP MARLBORO MA 01712 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE ALMEIDA, RICHARD A NAME NAME STREET ADDRESS STREET ADDRESS 165 FOREST STREET <u>0</u>1752 CITY\_ST-7IP CITY-ST-ZIP MARLBORO MA 01712 ☐ Addition ☐ Delete TITLE TITLE CLARK, JOSEPH G NAME NAME 165 FOREST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 01752 MARLBORO MA 01712 13. I hereby certify that the information supplied with this filling 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.