## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

FILED. . DOCUMENT # F99000002323 2001 AFR 25 M 10 0 SPEĆTRA LABORATORIES, INC. SECRETALY LA STATE TALLAHASSEE, ALONIDA Mailing Address Principal Place of Business ATTN: TAX DEPT., 95 HAYDEN AVENUE 95 HAYDEN AVENUE LEXINGTON, MA 02420 LEXINGTON, MA 02420 2. Principal Place of Business - No P.O. Box # 920 Winter Street 3. Mailing Address same Suite, Apt. #, etc. Suite, Apt. #, etc. 03302007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number Waltham MA 94-2825915 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ 02451 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 . 🗆 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Addition TITLE TITLE Change BROWNLEE, NICHOLAS NAME NAME 920 Winter Street 95 HAYDEN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEXINGTON, MA 02420 CITY-ST-ZIP Waltham, MA 02451 TITLE ☐ Delete TITLE √ Change ☐ Addition JOHNSON, CURTIS NAME NAME 100101462481 STREET ADDRESS 95 HAYDEN AVENUE STREET ADDRESS 05/04/07--01005--001 \*\*4650.00 CITY ST-ZIP CITY-ST-7IP LEXINGTON, MA 02420 ☐ Delete TITLE ITTLE NAME LIEBERMAN, MARC NAME 920 Winter Street 95 HAYDEN AVENUE STREET ADDRESS STREET ADDRESS Waltham, MA 02451 CITY-ST-ZIP LEXINGTON, MA 02420 CITY - ST - ZIP Delete TITLE Txt Channe ☐ Addition TITLE FAWCETT, MARK NAME NAME 95 HAYDEN AVENUE \*\* STREET ADDRESS STREET ADDRESS LEXINGTON, MA 02420 CITY-ST-ZIP CITY-ST-ZIP TITLE ΑT ☐ Delete TITLE X Change Addition COLANTONIO, PAUL NAME NAME 95 HAYDEN AVENUE STREET ADDRESS STREET ADDRESS \*\* LEXINGTON, MA 02420 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ШĿ Change ■ Addition D TITLE POWELL, RICE NAME NAME STREET ADDRESS 95 HAYDEN AVENUE STREET ADDRESS CITY-ST-ZIP LEXINGTON, MA 02420 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if of the corporation or the receiver or trustee empowered to composered, changed, or on an attachment with an address, with all other like empowered.

Marc S. Lieberman

Assistant Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

781-699-9000

Daytime Phone #