

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003156

1. Entity Name
BREAKAWAY SOLUTIONS, INC.

Principal Place of Business
50 ROWES WHARF, 6TH FLOOR
BOSTON MA 02110

Mailing Address
50 ROWES WHARF, 6TH FLOOR
BOSTON MA 02110

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 **04-3285165**

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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
B&C Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **GREENDALE, CHRIS**
STREET ADDRESS **10 PO SQUARE**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **D** ☐ Change ☒ Addition
NAME **Bader Al - Reza Khan**
STREET ADDRESS **50 Rowes Wharf, 6th Floor**
CITY-ST-ZIP **Boston, MA 02110**

TITLE **D** ☐ Delete
NAME **BUCKLEY, WALTER**
STREET ADDRESS **10 PO SQUARE**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **PD** ☐ Delete
NAME **BROOKS, GORDON**
STREET ADDRESS **50 ROWES WHARF, 6TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **D** ☐ Delete
NAME **SOLDORFF, FRANK**
STREET ADDRESS **50 ROWES WHARF, 6TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **VST** ☐ Delete
NAME **COMERFORD, KEVIN**
STREET ADDRESS **50 ROWES WHARF, 6TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **D** ☐ Delete
NAME **SOLDORFF, FRANK**
STREET ADDRESS **50 ROWES WHARF, 6TH FLOOR**
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CITY-ST-ZIP **BOSTON MA 02110**

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 **KEVIN COMERFORD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/00

67-960-3425

Date

Daytime Phone #

CR2E034 (5/00)