

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003159

1. Entity Name
PROVANT SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 23 PM 12:09

Principal Place of Business
67 BATTERYMARCH STREET
SUITE 600
BOSTON MA 02110

Mailing Address
67 BATTERYMARCH STREET
SUITE 600
BOSTON MA 02110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
67 Battery March St
Suite, Apt. #, etc.
Suite 600

3. Mailing Address
67 Battery March St
Suite, Apt. #, etc.
Suite 600

City & State
Boston MA

City & State
Boston MA

4. FEI Number
64-3470819

Applied For
Not Applicable

Zip
02110

Country

Zip
02110

Country

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 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	<input checked="" type="checkbox"/> Delete
NAME	VERROCHI, PAUL M	
STREET ADDRESS	67 BATTERYMARCH STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	DEVP	<input type="checkbox"/> Delete
NAME	PUOLOPOLO, DOMINIC J	
STREET ADDRESS	67 BATTERYMARCH STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZENGER, JOHN H	
STREET ADDRESS	5314 NORTH 250 WEST, SUITE 320	
CITY-ST-ZIP	PROVO UT 84604	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	BHATT, RAJIV	
STREET ADDRESS	67 BATTERYMARCH STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLAZER, DONALD W	
STREET ADDRESS	67 BATTERYMARCH STREET	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, PHILIP	
STREET ADDRESS	67 BATTERYMARCH STREET	
CITY-ST-ZIP	BOSTON MA 02110	

TITLE	Chairman & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Uchirin, Curtis	
STREET ADDRESS	67 Battery March St	
CITY-ST-ZIP	Boston MA 02110	
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	Executive VP, Treasurer	<input checked="" 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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

9/11/00

617-261-1600

Date

Daytime Phone #

CR2E034 (5/00)