

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90019 022 ***550.00

0105047 AT

DOCUMENT # F99000003360

1. Entity Name
VENTURCOM, INC.



Principal Place of Business
FIVE CAMBRIDGE CENTER
CAMBRIDGE MA 02142

Mailing Address
FIVE CAMBRIDGE CENTER
CAMBRIDGE MA 02142

CU074029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2717856**

Applied For

Not Applicable

Zip

Country

Zip

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 12, 2001, Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing ☐ **-\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **DEXTER-SMITH, MICHAEL**
STREET ADDRESS **FIVE CAMBRIDGE CENTER**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **D** ☐ Change ☒ Addition
NAME **Rinella, Todd**
STREET ADDRESS **120 Long Ridge Road**
CITY-ST-ZIP **Stamford, CT 06927**

TITLE **D** ☐ Delete
NAME **CORNETT, DION**
STREET ADDRESS **233 SOUTH WACKER DRIVE**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **TSV** ☐ Change ☒ Addition
NAME **Huemme, Anne**
STREET ADDRESS **Five Cambridge Center**
CITY-ST-ZIP **Cambridge, MA 02142**

TITLE **D** ☒ Delete
NAME **HANOVER, ALAIN**
STREET ADDRESS **4 CAMBRIDGE CENTER THIRD FLOOR**
CITY-ST-ZIP **CAMBRIDGE MA 02142**

TITLE **P** ☐ Change ☒ Addition
NAME **Logan, Frank**
STREET ADDRESS **Five Cambridge Center**
CITY-ST-ZIP **Cambridge, MA 02142**

TITLE **D** ☐ Delete
NAME **LYNCH, CHRIS**
STREET ADDRESS **60 STATE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE