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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 24, 2001 8:00 am F99000003360 DOCUMENT # **Secretary of State** 1. Entity Name VENTURCOM, INC. 07-24-2001 90019 022 \*\*\*550.00 Principal Place of Business Mailing Address **FIVE CAMBRIDGE CENTER** FIVE CAMBRIDGE CENTER UU074029 CAMBRIDGE MA 02142 CAMBRIDGE MA 02142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For -City & State. 4. FEI Number 04-2717856 Not Applicable \_Zip Country Country **\$8.75** Additional \*\*-5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5,00 May Be. Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. - (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP 📈 Delete TITLE ☐ Change Addition Einella Todd NAME DEXTER-SMITH, MICHAEL NAME 120 Long Ridge Road STREET ADDRESS **FIVE CAMBRIDGE CENTER** STREET ADDRESS CITY-ST-7IP CAMBRIDGE MA 02142 CITY-ST-ZIP Slamford TITLE D Addition ☐ Delete TITLE ☐ Change Huemme Anne Five cambridge NAME CORNETT, DION NAME STREET ADDRESS 233 SOUTH WACKER DRIVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60606 CITY-ST-ZIP mbridae MA TITLE Delete TITLE X Addition NAME HANOVER, ALAIN NAME STREET ADDRESS 4 CAMBRIDGE CENTER THIRD FLOOR STREET ADDRESS CITY-ST-7IP **CAMBRIDGE MA 02142** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME LYNCH, CHRIS NAME-STREET ADDRESS **60 STATE STREET** STREET ADDRESS CITY-ST-ZIP **BOSTON MA 02109** CITY-ST-ZIP TITLE 🗶 Delete ☐ Change ☐ Addition NAME ZIMMERMAN, MYRON NAME STREET ADDRESS **FIVE CAMBRIDGE CENTER** STREET ADDRESS CITY-ST-ZIP CAMBRIDGE MA 02142 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition merman myron NAME NAME Five Cambridge Center STREET ADDRESS STREET ADDRESS Cambridge CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowe