

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90028 047 \*\*\*150.00

**DOCUMENT # F99000005688**  
 1. Entity Name  
**AUTONOMOUS TECHNOLOGIES CORPORATION**

Principal Place of Business <b>HICKORY DRIVE WALTHAM MA 02451</b>	Mailing Address <b>21 HICKORY DRIVE WALTHAM MA 02451-1011</b>
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**00056206**



DO NOT WRITE IN THIS SPACE

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 <b>59-2554729</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PALMISANO, ROBERT</b>	
STREET ADDRESS	<b>216 BEACON STREET, #1</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>LIGHTMAN, JAMES</b>	
STREET ADDRESS	<b>576 BUTTON ROAD</b>	
CITY-ST-ZIP	<b>SUDBURY MA 01776</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>KELLY, ROBERT</b>	
STREET ADDRESS	<b>TWO DAY STREET</b>	
CITY-ST-ZIP	<b>NORFOLK MA 02056</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>38 HIGHGATE RD.</b>	
CITY-ST-ZIP	<b>WAYLAND, MA</b>	

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 lines empowered.

**SIGNATURE:** SIGNATURE REQUIRED **5/9/00** **(781) 890-1234**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)