

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006402

1. Entity Name

CIGNAL GLOBAL COMMUNICATIONS CARRIER SERVICES, I

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 019 ***550.00

Principal Place of Business

Mailing Address

25 FIRST STREET
 CAMBRIDGE MA 02141

25 FIRST STREET
 CAMBRIDGE MA 02141

00001436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3426178

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input checked="" type="checkbox"/> Delete
NAME	PERLMAN, ANDREW T	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAND, MARK	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, MARGARET M	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ISAACSON, NEAL C	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, CHRISTOPHER J	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIAN BURLISON	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID CHADWICK	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE KEIRN	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE, MA 02141	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL MEAGHER	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE, MA 02141	
TITLE	CEO & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER J ROONEY	
STREET ADDRESS	25 FIRST STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
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 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:

Steven Keirn Steven Keirn, Secretary 8/10/01 617-588-8023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)