

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006423

1. Entity Name

NETWORK INTEGRITY, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90018 012 ***150.00

Principal Place of Business
201 BOSTON POST ROAD WEST
MARLBOROUGH MA 01752

Mailing Address

201 BOSTON POST ROAD WEST
MARLBOROUGH MA 01752

110400



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 04-3160058

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BARROWS, TIM
STREET ADDRESS 1000 WINTER ST., SUITE 4500
CITY-ST-ZIP WALTHAM MA 02154 ☐ Delete

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

TITLE D
NAME FIDELMAN, BARRY
STREET ADDRESS 222 BERKELEY ST.
CITY-ST-ZIP BOSTON MA 02116 ☐ Delete

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

TITLE D
NAME DIGATE, CHARLES
STREET ADDRESS 101 MAIN STREET
CITY-ST-ZIP CAMBRIDGE MA 02142 ☐ Delete

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

TITLE D
NAME GOULD, TERRY
STREET ADDRESS 209 SOUTH LA SALLE ST.
CITY-ST-ZIP CHICAGO IL 60604 ☐ Delete

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

TITLE PT
NAME BUTLER, JOHN B JR.
STREET ADDRESS 4 DAVIS ROAD
CITY-ST-ZIP SOUTHBORO MA 01772 ☐ Delete

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

TITLE S
NAME PICCOLO, RICHARD L
STREET ADDRESS 15 POUDVIEW AVE.
CITY-ST-ZIP MEDFIELD MA 02052 ☐ Delete

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

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:

Richard L. Piccolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00
Date

508-460-6670
Daytime Phone #