

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006553

1. Entity Name

BCGI COMMUNICATIONS CORP.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90417 033 \*\*\*150.00

Principal Place of Business

Mailing Address

100 SYLVAN ROAD  
WOBBURN MA 01801

100 SYLVAN ROAD  
WOBBURN MA 01801



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

04-3488238

Applied For

Not Applicable

Zip

Country

US

Zip

01801-1851

Country

US

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 PD ☐ Delete  
NAME SNOWDEN, EDWARD H  
STREET ADDRESS 100 SYLVAN ROAD  
CITY-ST-ZIP WOBBURN MA 01801

TITLE ☒ Change ☐ Addition  
NAME 15 GREGORY STREET  
STREET ADDRESS MARBLEHEAD, MA 01945  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BOUFFARD, ALAN J  
STREET ADDRESS 100 SYLVAN ROAD  
CITY-ST-ZIP WOBBURN MA 01801

TITLE ☒ Change ☐ Addition  
NAME 55 GAY STREET  
STREET ADDRESS NORWOOD, MA 02062  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME VON MERING, FRITZ  
STREET ADDRESS 100 SYLVAN ROAD  
CITY-ST-ZIP WOBBURN MA 01801

TITLE ☒ Change ☐ Addition  
NAME 50 ROBINHOOD ROAD  
STREET ADDRESS WINCHESTER, MA 01890  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME KAREN A. WALKER  
STREET ADDRESS 42 8TH STREET, SUITE 1525  
CITY-ST-ZIP CHARLESTOWN, MA 02129

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

KAREN A. WALKER, TREASURER 4/19/00 (617) 692-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)