

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006553

1. Entity Name

BCGI COMMUNICATIONS CORP.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90063 014 ***150.00

Principal Place of Business

100 SYLVAN ROAD
WOBBURN MA 01801

Mailing Address

100 SYLVAN ROAD
WOBBURN MA 01801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

City & State

4. FEI Number 04-3488238

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☒ Addition
NAME VTD
STREET ADDRESS KAREN A. WALKER
CITY-ST-ZIP 65 WEBB STREET
LEXINGTON, MA 02420

TITLE ☐ Change ☐ Addition
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 4/25/01 (781) 904-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)