

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90062 003 \*\*\*150.00

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**DOCUMENT # G64957**

1. Corporation Name

**TEC COGENERATION INC.**

Principal Place of Business

**245 WINTER STREET  
WALTHAM MA 02254  
US**

Mailing Address

**P.O. BOX 9046  
WALTHAM MA 02254**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/13/1983**

4. FEI Number

**04-2850296**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

**21 81 Wyman Street**

Suite, Apt. #, etc.  
**22 P.O. Box 9046**

City & State  
**23 Waltham, MA**

Zip Country  
**24 02454 25**

Mailing Address

**26 81 Wyman Street**

Suite, Apt. #, etc.  
**27 P.O. Box 9046**

City & State  
**28 Waltham, MA**

Zip Country  
**29 02454 30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☐ DELETE

NAME **PATEL, PARIMAL S**  
STREET ADDRESS **81 WYMAN ST**  
CITY-ST-ZIP **WALTHAM MA**

TITLE **S** ☐ DELETE

NAME **LAMBERT, SANDRA L.**  
STREET ADDRESS **81 WYMAN STREET**  
CITY-ST-ZIP **WALTHAM MA 02254**

TITLE **PD** ☐ DELETE

NAME **HOLT, BRIAN D**  
STREET ADDRESS **245 WINTER STREET**  
CITY-ST-ZIP **WALTHAM MA**

TITLE **V** ☐ DELETE

NAME **FINI, ROBERT R**  
STREET ADDRESS **245 WINTER ST**  
CITY-ST-ZIP **WALTHAM MA**

TITLE **V** ☐ DELETE

NAME **GENT, FLOYD**  
STREET ADDRESS **245 WINTER STREET**  
CITY-ST-ZIP **WALTHAM MA**

TITLE **T** ☒ DELETE

NAME **RIORDAN, MELISSA F**  
STREET ADDRESS **81 WYMAN ST**  
CITY-ST-ZIP **WALTHAM MA 02254**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T**  
**Apicerno, Kenneth**  
**81 Wyman Street**  
**Waltham, MA 02454**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Robert V. Aghababian**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert V. Aghababian** 781.622.1132

Date

Daytime Phone #

CR2E034 (11/98)