

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G64957

1. Entity Name

TEC COGENERATION INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90043 009 ***550.00

Principal Place of Business

81 WYMAN STREET
P.O. BOX 9046
WALTHAM MA 02454
US

Mailing Address

81 WYMAN STREET
P.O. BOX 9046
WALTHAM MA 02454
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2850296

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 V ☐ Delete
NAME PATEL, PARIMAL S
STREET ADDRESS 81 WYMAN ST
CITY-ST-ZIP WALTHAM MA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE S ☐ Delete
NAME LAMBERT, SANDRA L.
STREET ADDRESS 81 WYMAN STREET
CITY-ST-ZIP WALTHAM MA 02254

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE PD ☐ Delete
NAME HOLT, BRIAN D
STREET ADDRESS 245 WINTER STREET
CITY-ST-ZIP WALTHAM MA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE V ☐ Delete
NAME FINI, ROBERT R
STREET ADDRESS 245 WINTER ST
CITY-ST-ZIP WALTHAM MA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE V ☐ Delete
NAME GENT, FLOYD
STREET ADDRESS 245 WINTER STREET
CITY-ST-ZIP WALTHAM MA

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 02454

TITLE T ☐ Delete
NAME APICERNO, KENNETH
STREET ADDRESS 81 SYMAN STREET
CITY-ST-ZIP WALTHAM MA 02454

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 81 Wyman St
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: Robert Apicerno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-00 (781) 622-1000

CR2E034 11/00