

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 30 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M60232

1. Entity Name  
PARK IMAGING, INC.



Principal Place of Business

95 HAYDEN AVE  
LEXINGTON, MA 02420 US

Mailing Address

ATTN: TAX DEPT., 95 HAYDEN AVE  
LEXINGTON, MA 02420 US



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0009002

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	AT
NAME	LIEBERMAN, MARC
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	S
NAME	KEMBEL, DAVID
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	D
NAME	LIPPS, BEN
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	AT
NAME	COLANTONIO, PAUL
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	T
NAME	FAWCETT, MARK
STREET ADDRESS	95 HAYDEN AVE
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800031527688  
03/31/04--01004--001 \*\*3250.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pd Colantonio 3/4/04 781 402 9200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

# M60232

**PARK IMAGING, INC.**

**FEIN 04-2725840**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 03/17/03**

<b>DIRECTORS</b>
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**BEN J. LIPPS**

<b>OFFICE</b>
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**DIRECTOR**

<b>BUSINESS</b>
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**95 HAYDEN AVENUE  
LEXINGTON, MA 02420**

<b>OFFICERS</b>
-----------------

**MARK FAWCETT**

<b>OFFICE</b>
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**TREASURER**

<b>BUSINESS</b>
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**95 HAYDEN AVENUE  
LEXINGTON, MA 02420**

**PAUL J. COLANTONIO**

**ASSISTANT TREASURER**

**95 HAYDEN AVENUE  
LEXINGTON, MA 02420**

**MARC S. LIEBERMAN**

**ASSISTANT TREASURER**

**95 HAYDEN AVENUE  
LEXINGTON, MA 02420**

**DAVID A. KEMBEL**

**SECRETARY**

**95 HAYDEN AVENUE  
LEXINGTON, MA 02420**