

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # M970000000130

1. Entity Name

THERMO CAPITAL COMPANY L.L.C.

Principal Place of Business

650 CIT DRIVE

LIVINGSTON NJ 07039

Mailing Address

650 CIT DRIVE

LIVINGSTON, NJ 07039

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

04-3349713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT 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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT  
NAME: JAMES TENNER MGR ☐ Delete  
STREET ADDRESS: ONE RESEARCH DRIVE  
CITY - ST - ZIP: WESTBOROUGH, MA 01581

TITLE: VICE PRESIDENT  
NAME: ERIC McGRIFF MGR ☐ Delete  
STREET ADDRESS: 650 CIT DRIVE  
CITY - ST - ZIP: LIVINGSTON, NJ 07039

TITLE: VICE PRESIDENT  
NAME: THOMAS HERLIHY MGR ☐ Delete  
STREET ADDRESS: ONE RESEARCH DRIVE  
CITY - ST - ZIP: WESTBOROUGH, MA 01581

TITLE: VICE PRESIDENT  
NAME: JOHN PFEIFFENBERGER MGR ☐ Delete  
STREET ADDRESS: ONE RESEARCH DRIVE  
CITY - ST - ZIP: WESTBOROUGH, MA 01581

TITLE: TREASURER  
NAME: GLENN A. VOTEK MGR ☐ Delete  
STREET ADDRESS: 650 CIT DRIVE  
CITY - ST - ZIP: LIVINGSTON, NJ 07039

TITLE: ASSISTANT TREASURER  
NAME: KETHLEEN BECK MGR ☐ Delete  
STREET ADDRESS: 650 CIT DRIVE  
CITY - ST - ZIP: LIVINGSTON, NJ 07039

10. ADDITIONS/CHANGES

TITLE: ASSISTANT SECRETARY  
NAME: ROBERT MCCARTHY ☐ Change ☒ Addition  
STREET ADDRESS: ONE RESEARCH DRIVE MGR  
CITY - ST - ZIP: WESTBOROUGH, MA 01581

TITLE: ASSISTANT SECRETARY  
NAME: SANDRA LAMBERT ☐ Change ☒ Addition  
STREET ADDRESS: ONE RESEARCH DRIVE MGR  
CITY - ST - ZIP: WESTBOROUGH, MA 01581

TITLE:   
NAME:   
STREET ADDRESS: 500003289895  
CITY - ST - ZIP: -06/14/00--01113--005

TITLE:   
NAME:   
STREET ADDRESS: \*\*\*\*\*50.00 \*\*\*\*\*50.00  
CITY - ST - ZIP: ☐ Change ☐ Addition

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

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

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

973-740-5000

Daytime Phone #