

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000130

1. Entity Name
THERMO CAPITAL COMPANY LLC

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ONE RESEARCH DRIVE
WESTBOROUGH MA 01581

Mailing Address
2 GATEHALL DR.
PO BOX 611
PARSIPPANY NJ 07054



2. Principal Place of Business

3. Mailing Address
650 CIT Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MMJH

City & State

City & State
Livingston NJ

4. FEI Number 04-3349713

Applied For
Not Applicable

Zip

Country

Zip
07039

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

000004430260-2
-06/19/01--01083--007
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, MARK ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGRUFF, ERIC ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLEHER, PAUL ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAINTER, JONATHAN ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, DANIEL ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTHY, ROBERT ONE RESEARCH DRIVE WESTBOROUGH MA 01581	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP of member Robert Ingato-CIT Technology Financial Svc. 650 CIT Drive Livingston, NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr William O'mara 650 CIT Drive Livingston, NJ 07039	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Dennis Lordon 997 Lenox Drive Lawrenceville, NJ 08648	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Donal Ratigan 900 Ashwood Pkwy Atlanta, GA 30338	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Daniel Walsh 245 Winter Street, Suite 300 Waltham, MA 02451	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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: Robert Ingato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

973-740-5000

CR2E083 (11/00)

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