

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002046

1. Entity Name
GETRONICS FIELD INTEGRATED MANAGED SERVICES, LLC

Principal Place of Business
290 CONCORD ROAD
BILLERICA MA 01821

Mailing Address
290 CONCORD ROAD
BILLERICA MA 01821

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 04-3492919

Applied For
Not Applicable

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

C T 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

000004323550--6
-05/25/01--01070--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
See "Listing of Officers and
"Listing of Directors" attached
hereto and incorporated herein by
reference.

etc

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

etc

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

[Signature]

Steve Boyce, 'Secretary

4/zy/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

APPROVED
AND
FILED

10f2

01 MAY -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)

2012

GETRONICS FIELD INTEGRATED MANAGED SERVICES, LLC
290 CONCORD ROAD
M/S 001-3K3
BILLERICA, MA 01821
FEDERAL ID# 04-3492919

11/16/00

| |
|----------------------------|
| LISTING OF OFFICERS |
|----------------------------|

| <u>NAME AND ADDRESS</u> | <u>TITLE</u> |
|--|--------------|
| Kevin T. Roche 18 Stoney Brook Road Arlington, MA 02174 Soc Sec # 034-50-2409 | President |
| Grant Carlson 29 Glen Eagle Road Bedford, NH 03110 Soc Sec # 475-44-2722 | Treasurer |
| Steve Boyce 29 Scott Drive Merrimack, NH 03054 Soc Sec # 123-46-8514 | Secretary |