

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 009 ***550.00

DOCUMENT # P00168

1. Entity Name
DUNCAN, LAGNESE AND ASSOCIATES, INCORPORATED ✓

Principal Place of Business: **27 BLEEKER STREET, MILLBURN NJ 07041, US**
 Mailing Address: **C/O TAX DEPARTMENT, 81 WYMAN STREET, WALTHAM MA 02254, US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country: **02454**

4. FEI Number: **25-1100901**

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 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|-------------------|--------------------|---------------------------------|
| PD | HERKERT, E C | 27 BLEEKER STREET | MILLBURN, NJ 00000 | <input type="checkbox"/> |
| AS | AGHABABIAN, ROVERT V | 81 WYMAN ST | WALTHAM MA 02254 | <input type="checkbox"/> |
| D | RAINVILLE, WILLIAM A. | 81 WYMAN STREET | WALTHAM MA 02254 | <input type="checkbox"/> |
| AS | RYAN, J.G. | 100 ALLEGHENY DR | WARRENDALE PA | <input type="checkbox"/> |
| S | LAMBERT, SANDRA | 81 WYMAN ST | WALTHAM MA 02254 | <input type="checkbox"/> |
| D | APPLETON, JOHN P. | 81 WYMAN ST. | WALTHAM MA 02254 | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|----------------|-------------|--|-----------------------------------|
| | | | 07041 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | Robert Aghababian | | 02454 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 02454 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | 85 First Ave | Waltham MA | 02454 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 02454 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | 02454 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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 Aghababian** *Resubmitted* **7-12-00** (781) 622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C-25014 (0-00)