2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

NEEDHAM MA 02494-2708

63 KENDRICK ST

DOCUMENT # P09950

NEEDHAM MA 02494

GILBERTI, ENRICO

NEEDHAM MA 02494

changed, or on an attachment with an address, with all other like empowered.

63 KENDRICK ST

TITLE

STREET ADDRESS

SIGNATURE:

1. Entity Name

63 KENDRICK ST NEEDHAM MA 02494

Principal Place of Business

WINGATE MANAGEMENT COMPANY, INC.

					A NEGALESA AKA OSKAS ABAKE MAKEL BAKAL BERA	 	1 2 8 8 1 10		
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SP	ACE		
City & Stat	ie	City & State		4.	114-9488849		plied For at Applicable		
Zip	ip Country Zip Country			5.	5. Certificate of Status Desired				
	6. Name and Address of Current I	Registered Agent		7. 1	Name and Address of New Reg	istered Ag	ent		
			Name		 .				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
i LA	VIANON IE GODEY		City			FL	Zip Code	e	
	e named entity submits this statement for				and and hard to the Court of Classes	- <u></u>	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (N	NOTE: Registered Agent signatu	re required when re	einstating)	DATE			
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11.	OFFICERS AND	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFIC	ERS AND E	IRECTOR	S IN 11	
TITLE	I PD	☐ Delete	TITLE	•			Change	Addition	
NAME	NAJARIAN, ROBERT G.		NAME			-			
STREET ADDRESS	63 KENDRICK ST		STREET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02494		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE		· • • • • • • • • • • • • • • • • • • •		Change	Addition	
NAME	SCHUSTER, GERALD		NAME						
STREET ADDRESS	63 KENDRICK ST		STREET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02494		CITY-ST-ZIP						
TITLE -	T	☐ Delete	TITLE		The second of the second		Change	☐ Addition	
NAME	CALLAHAN, EDWARD J.		NAME	i					
STREET ADDRESS	63 KENDRICK ST		STREET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02494		CITY-ST-ZIP						
TITLE	VD	☐ Delete	TITLE	D		1	Change	Addition Addition	
NAME	CALLAHAN, BRIAN		NAME	ı					
STREET ADDRESS	63 KENDRICK ST		STREET ADDRESS						
CITY-ST-ZIP	NEEDHAM MA 02494		CITY-ST-ZIP						
TITLE	S	☐ Delete	TITLE				Change	Addition	
NAME	ROBERTS, JUNE E		NAME						
STREET ADDRESS	63 KENDRICK ST		STREET ADDRESS						
CITY-ST-ZIP	INFFRHAM MA 02494		CITY-ST-ZIP						

☐. Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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 the product with a product of the corporation of the receiver of the product with a product of the corporation.

FILED

May 05, 2000 8:00 am Secretary of State

☐ Change

Daytime Phone #

Brian Callahan 4/21/00 781-707-9000

Date

☐ Addition

05-05-2000 90083 037 ***150.00