

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10443

1. Entity Name

BRIDGEPORT MACHINES, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90314 039 \*\*\*150.00

Principal Place of Business

Mailing Address

500 LINDLEY ST.  
BRIDGEPORT CT 06606

500 LINDLEY ST.  
BRIDGEPORT CT 06606-5450

2. Principal Place of Business

500 Lindley Street

3. Mailing Address

500 Lindley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bridgeport, CT

City & State

Bridgeport, CT

4. FEI Number

06-1169678

Applied For

Not Applicable

Zip

Country

06606

USA

Zip

Country

06606

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME FRIED, ELIOT M.  
STREET ADDRESS AMERICAN EXPRSS TOWER  
CITY-ST-ZIP NEW YORK NY

TITLE Chief Executive Officer ☒ Change ☐ Addition  
NAME Gregory I. Goldman  
STREET ADDRESS One Post Office Square, Suite 4100  
CITY-ST-ZIP Boston, MA 02109

TITLE D ☒ Delete  
NAME CRESCI, ROBERT J.  
STREET ADDRESS ONE ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY

TITLE Chief Operating Officer ☒ Change ☐ Addition  
NAME Albert Charbit  
STREET ADDRESS One Post Office Square, Suite 4100  
CITY-ST-ZIP Boston, MA 02109

TITLE PCEO ☒ Delete  
NAME GRIFFITH, DAN  
STREET ADDRESS 500 LINDLEY ST.  
CITY-ST-ZIP BRIDGEPORT CT

TITLE President ☒ Change ☐ Addition  
NAME Thomas W. Arndt  
STREET ADDRESS 500 Lindley Street  
CITY-ST-ZIP Bridgeport, CT 06606

TITLE C ☒ Delete  
NAME CLANCY, JOSEPH E.  
STREET ADDRESS 500 LINDLEY ST.  
CITY-ST-ZIP BRIDGEPORT CT

TITLE VP-Finance ☒ Change ☐ Addition  
NAME John Miersma  
STREET ADDRESS 500 Lindley Street  
CITY-ST-ZIP Bridgeport, CT 06606

TITLE VP ☒ Delete  
NAME ARCHARD, PHILIP A.  
STREET ADDRESS 500 LINDLEY ST.  
CITY-ST-ZIP BRIDGEPORT CT

TITLE Assistant Treasurer & Secretary ☒ Change ☐ Addition  
NAME Karen M. Ciampa  
STREET ADDRESS One Post Office Square, Suite 4100  
CITY-ST-ZIP Boston, MA 02109

TITLE VPCS ☒ Delete  
NAME LAZARCHECK, WALTER  
STREET ADDRESS 500 LINDLEY ST.  
CITY-ST-ZIP BRIDGEPORT CT 06606

TITLE Vice President-Treasurer ☒ Change ☐ Addition  
NAME Yvonne Megenis  
STREET ADDRESS 500 Lindley Street  
CITY-ST-ZIP Bridgeport, CT 06606

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: *Karen M. Ciampa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen M. Ciampa

4/25/00

617-338-1200

Date

Daytime Phone #

CR2E034 (9/99)