

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P16649

1. Entity Name

WANG GOVERNMENT SERVICES, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 033 ***150.00

Principal Place of Business

Mailing Address

290 CONCORD RD
 BILLERICA MA 01821-1199

290 CONCORD RD
 BILLERICA MA 01821-3405

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

41-1571110

Applied For

Not Applicable

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 ☒ Delete
 NAME HOGAN, JAMES J.
 STREET ADDRESS 2608 LASSWADE LANE
 CITY-ST-ZIP OAKTON VA 22124

TITLE ☒ Change ☐ Addition
 NAME ACTING CEO / PRES.
 STREET ADDRESS JOHN P. WHITE
 CITY-ST-ZIP 7900 WEST PARK DRIVE
 McLEAN VA 22102

TITLE ☒ Delete
 NAME SVS
 STREET ADDRESS NOTINI, ALBERT A
 CITY-ST-ZIP 6 POMEROY RD
 ANDOVER MA 01810

TITLE ☒ Change ☐ Addition
 NAME TREASURER
 STREET ADDRESS Jeffrey Beck
 CITY-ST-ZIP 7900 West Park Drive
 McLean, VA 22102

TITLE ☒ Delete
 NAME T
 STREET ADDRESS BUCKINGHAM, RICHARD L
 CITY-ST-ZIP 2 PRESCOTT LANE
 HAMPTON FALLS NH

TITLE ☒ Change ☐ Addition
 NAME Secretary
 STREET ADDRESS James Fontana
 CITY-ST-ZIP same

TITLE ☒ Delete
 NAME VS
 STREET ADDRESS CORMIER, A R
 CITY-ST-ZIP 14 NICOLL DR
 ANDOVER MA 01810

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

TITLE ☒ Delete
 NAME S
 STREET ADDRESS NOTINI, ALBERT A
 CITY-ST-ZIP SIX POMEROY ROAD
 ANDOVER MA

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

TITLE ☒ Delete
 NAME D
 STREET ADDRESS TUCCI, JOSEPH M
 CITY-ST-ZIP 10 MOUNTAIN LAUREL DR, 604
 NASHUA NH

TITLE ☐ Change ☐ Addition
 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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)