

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 90053 018 ***150.00

DOCUMENT # P17605

1. Entity Name
GUTHRIE NORTH AMERICA, INC.

Principal Place of Business

**01 EDGEWATER PLACE
 SUITE 670
 WAKEFIELD MA 01880
 US**

Mailing Address

**401 EDGEWATER PALCE
 SUITE 670
 WAKEFIELD MA 01880
 US**

00038433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**401 Edgewater Place
 Suite, Apt. #, etc.
 Suite 670**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Wakefield, MA

4. FEI Number **34-1271497**

Applied For

Not Applicable

Zip

Country

Zip

Country

01880

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 RD
 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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	QUARTA, ROBERTO	
STREET ADDRESS	401 EDGEWATER PL STE 670	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MURRER, GREGORY J.	
STREET ADDRESS	401 EDGEWATER PL STE 670	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRESE, ROBERT P	
STREET ADDRESS	401 EDGEWATER PL STE 670	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FIorenza, AUREN	
STREET ADDRESS	401 EDGEWOOD PL, STE 670	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PAZAR, STEVE E	
STREET ADDRESS	401 EDGEWATER PL STE 670	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**AILEEN FIorenza
 401 Edgewater Place, Suite 670**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/01 781-246-8400

CR2E034 (10/00)