

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90035 033 \*\*\*150.00

**DOCUMENT # P18771**

1. Entity Name  
 LOGICA ~~NORTH AMERICA~~ INC. *LOGICA INC.*

Principal Place of Business      Mailing Address  
 32 HARTWELL AVENUE      32 HARTWELL AVENUE  
 LEXINGTON MA ~~02173~~ 02421      LEXINGTON MA 02421-3103  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3306288</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

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	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<i>CFO AND SECRETARY, DIRECTOR</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, DOUG		NAME		
STREET ADDRESS	6 CARMICHAEL WAY		STREET ADDRESS		
CITY-ST-ZIP	GROTON MA		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, JEANNIE D		NAME		
STREET ADDRESS	27 FAULKNER HILL RD		STREET ADDRESS		
CITY-ST-ZIP	ACTON MA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARTIN		NAME		
STREET ADDRESS	75 HAMPSTEAD RD.		STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW GIVEN		NAME		
STREET ADDRESS	75 HAMPSTEAD RD.		STREET ADDRESS		
CITY-ST-ZIP	LONDON EN		CITY-ST-ZIP		
TITLE	CEO	<input checked="" type="checkbox"/> Delete	TITLE	<i>CEO, DIRECTOR</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRENCE, COREY		NAME	<i>NICHOLS, PAUL</i>	
STREET ADDRESS	126 MANET RD		STREET ADDRESS	<i>71 CUTTERS RIDGE Rd.</i>	
CITY-ST-ZIP	CHESTANT HILL MA 02167		CITY-ST-ZIP	<i>CARLISLE, MA 01741</i>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, or all other like empowered.

SIGNATURE: *SECRETARY RED WEBB* SECRETARY      Date: *MARCH 6, 2000*      Daytime Phone #: *617-476-8000*

CR2E034 (9/99)