

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P19782**

1. Entity Name

J. BAKER, INC.**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 048 ***150.00

Principal Place of Business

Mailing Address

**555 TURNPIKE STREET
CANTON MA 02021****555 TURNPIKE STREET
CANTON MA 02021-2724**

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

13-1722620

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 **V** ☒ Delete
NAME **ROSENBERG, PHILIP G**
STREET ADDRESS **36 CASTLE DR**
CITY-ST-ZIP **SHARON MA**TITLE **V/T** ☐ Change ☒ Addition
NAME **Elizabeth C. White**
STREET ADDRESS **555 Turnpike St.**
CITY-ST-ZIP **Canton MA 02021**TITLE **P** ☐ Delete
NAME **WEINSTEIN, ALAN I.**
STREET ADDRESS **13 KINGS RD**
CITY-ST-ZIP **SHARON, MA**TITLE **P/D/CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CLIFFORD, J. CHRISTOPHER**
STREET ADDRESS **ONE BOSTON PLACE, 34TH FLOOR**
CITY-ST-ZIP **BOSTON MA**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **RONICK, THEODORE**
STREET ADDRESS **142 EAST 71ST ST**
CITY-ST-ZIP **NEW YORK NY 10021**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **WEINSTEIN, ALAN I**
STREET ADDRESS **13 KINGS RD**
CITY-ST-ZIP **SHARON MA**TITLE **D** ☐ Change ☒ Addition
NAME **Nancy Ryan**
STREET ADDRESS **26 Phillips Pond Rd.**
CITY-ST-ZIP **Natick MA 01760**TITLE **SECR** ☒ Delete
NAME **GEAUDOUIN MARK T**
STREET ADDRESS **555 TURNPIKE ST**
CITY-ST-ZIP **CANTON MA 02021**TITLE **V/S** ☐ Change ☒ Addition
NAME **Michael A O'Hara**
STREET ADDRESS **555 Turnpike St.**
CITY-ST-ZIP **Canton MA 02021**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

781-828-9300

Daytime Phone #

CR2E034 (9/99)