

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P21266

1. Entity Name
NORMANDEAU ASSOCIATES, INC.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 036 ***550.00

Principal Place of Business

25 NASHUA RD.
BEDFORD NH 03110

Mailing Address

81 WYMAN ST.
WALTHAM MA 02254
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

81 Wyman St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 02-0373462

Applied For
Not Applicable

Zip

03102

Country

Zip

02454

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, PAMELA S	
STREET ADDRESS	25 NASHUA ROAD	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE	T	<input type="checkbox"/> Delete
NAME	APICERNO, KENNETH	
STREET ADDRESS	81 WYMAN ST.	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KELLEHER, PAUL F	
STREET ADDRESS	81 WYMAN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AGHABABIAN, ROBERT V	
STREET ADDRESS	81 WYMAN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMBERT, SANDRA L	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLETON, JOHN P.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	03102
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454

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:

Robert Aghababian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-00

Date

(781)622-1000

Daytime Phone #

CR2E034 (5/00)