

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90103 003 ***150.00

DOCUMENT # P21932

1. Corporation Name

DATEx-ENGSTROM, INC.

Principal Place of Business

2 HIGHWOOD DRIVE
TEWKSBURY MA 01876

Mailing Address

2 HIGHWOOD DRIVE
TEWKSBURY MA 01876

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1988

4. FEI Number

04-3028629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **3 HIGHWOOD DRIVE**

2a. Mailing Address

26 **3 HIGHWOOD DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **TEWKSBURY MA**

City & State

28 **TEWKSBURY MA**

Zip

Country

24 **01876**

Zip

Country

29 **01876**

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D AHJOPALO, HANNU**
STREET ADDRESS **KIRKKASALMENTEIE 5 A 10**
CITY-ST-ZIP **HELSINKI FI**

TITLE ☐ DELETE

NAME **P GEISEL, JOHN R.**
STREET ADDRESS **10 DEPOT RD**
CITY-ST-ZIP **BOXFORD MA**

TITLE ☐ DELETE

NAME **S HAUTANIEMI, EERO**
STREET ADDRESS **PELLAVAKASKI 32 G**
CITY-ST-ZIP **ESPOO FI**

TITLE ☒ DELETE

NAME **AS DENTLER, PAUL D.**
STREET ADDRESS **2 SUSSEX RD**
CITY-ST-ZIP **WINCHESTER MA**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

March 8th '99

(978) 640-0460

CR2E034 (1/198)