

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23372

1. Entity Name

XYPLEX, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90090 010 ***150.00

Principal Place of Business

Mailing Address

**295 FOSTER STREET
 LITTLETON MA 01460-2016**

**295 FOSTER STREET
 LITTLETON MA 01460-2004**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2737835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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, 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	P	<input type="checkbox"/> Delete
NAME	LOTAN, NOAM	
STREET ADDRESS	8943 FULBRIGHT AVENUE	
CITY-ST-ZIP	CHATSWORTH CA 91311	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARGALIT, SHLOMO	
STREET ADDRESS	8943 FULBRIGHT AVENUE	
CITY-ST-ZIP	CHATSWORTH CA 91311	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAV-NOY, ZEE	
STREET ADDRESS	8943 FULBRIGHT AVENUE	
CITY-ST-ZIP	CHATSWORTH CA 91311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLAZER, EDMUND	
STREET ADDRESS	8943 FULBRIGHT AVENUE	
CITY-ST-ZIP	CHATSWORTH CA 91311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with or without other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDMUND GLAZER

5/1/2000

(978)

Daytime phone #

952-5807

CR2E034 (9/99)