

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90047 038 ***150.00

DOCUMENT # P23629

1. Entity Name
INTELLUTION, INC.

Principal Place of Business

Mailing Address

**8000 W. FLORISSANT AVENUE
P.O. BOX 4100, STA. 2398
ST. LOUIS MO 63136
US**

**8000 W. FLORISSANT AVENUE
P.O. BOX 4100, STA. 2398
ST. LOUIS MO 63136
US**

2. Principal Place of Business

325 Foxborough Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Sta. 3854

City & State
Foxborough, MA

City & State

Zip

02035

Country

USA

Zip

Country

4. FEI Number **04-2687556**

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

**CT CORPORATION SYSTEM
1200 S. 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, 2001 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

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPO GERRAUGHTY, WILLIAM B JR ONE EDGEWATER DR NORWOOD MA 02062 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO RUBIN, S.E. ONE EDGEWATER DR NORWOOD MA 02062 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS WELCH, J.M. M ONE EDGEWATER DR NORWOOD MA 02062 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT DELLAQUILA, F.J. 8000 W. FLORISSANT, P.O. BOX 4100 ST. LOUIS MO 63136 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERRA, J.M. 8000 MARYLAND CLAYTON MO 63105 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARR, D.N. 8000 W. FLORISSANT AVENUE, P.O. BOX 4100 ST. LOUIS MO 63136 | <input type="checkbox"/> Delete |

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|--|-------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Please see attached listing. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *David C. Moon* **David C. Moon**
Vice President & Asst. Treasurer **3/12/01** **314-553-2058**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)