

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90024 006 ***150.00

DOCUMENT # P24859

1. Corporation Name

THERMO JARRELL ASH CORPORATION

Principal Place of Business

27 E. FORGE PKWY.
BOX 9101
FRANKLIN MA 02038

Mailing Address

C/O TAX DEPT.
81 WYMAN ST.
WALTHAM MA 02254
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1989

4. FEI Number

04-2905275

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 obligations 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	P	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, ROBERT J	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KUNSELMAN, GARY	
STREET ADDRESS	27 E. FORGE PKWY.	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LAMBERT, SANDRA L	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AGHABABIAN, ROBERT V	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SOTERA, JOHN	
STREET ADDRESS	27 E. FORGE PKWY.	
CITY-ST-ZIP	FRANKLIN MA 02038	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RIORDAN, MELISSA F	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Abraham, Gerard	
1.3 STREET ADDRESS	27 Forge Parkway	
1.4 CITY-ST-ZIP	Franklin, MA 02038	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howe, Barry	
2.3 STREET ADDRESS	8 Forge Parkway	
2.4 CITY-ST-ZIP	Franklin, MA 02038	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lewis, Earl	
5.3 STREET ADDRESS	8 East Forge Parkway	
5.4 CITY-ST-ZIP	Franklin, MA 02038	
6.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Apicerno, Kenneth	
6.3 STREET ADDRESS	81 Wyman Street	
6.4 CITY-ST-ZIP	Waltham, MA 02454	

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:

Robert V. Aghababian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert V. Aghababian

Date

4-26-99 781.622.1132

Daytime Phone #

CR2E034 (11/98)