

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Stream International Services Corp.

Principal Place of Business

85 Dan Road  
Canton MA 02021

Mailing Address

85 Dan Road  
Canton MA 02021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2776573

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 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

TITLE	CEO/Director	<input type="checkbox"/> Delete
NAME	Stephen D.R. Moore	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	
TITLE	President/COO	<input type="checkbox"/> Delete
NAME	R. Scott Murray	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	
TITLE	CFO/Vice President/Asst. Treasurer/Director	<input type="checkbox"/> Delete
NAME	Jeffrey D. Glidden	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John T. Loughran	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	
TITLE	Secretary/Director	<input type="checkbox"/> Delete
NAME	Alicia T. Brophy	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	
TITLE	Asst Secretary	<input type="checkbox"/> Delete
NAME	Eric A. Blumsack	
STREET ADDRESS	85 Dan Road	
CITY-ST-ZIP	Canton MA 02021	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003260393--5	
CITY-ST-ZIP	-05/19/00--01121--021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	****150.00 ****150.00	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Loughran, Treasurer

4/27/00 781-830-2350

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 MAY -2 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)