

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P26642**

1. Entity Name

Stream International Inc.



FILED

03 APR 18 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

85 Dan Road

Suite, Apt. #, etc.

3. Mailing Address

85 Dan Road

Suite, Apt. #, etc.

City & State

Canton, MA

City & State

Canton, MA

4. FEI Number

04-2776573

Applied For

Not Applicable

Zip

02021

Country

USA

Zip

02021

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	unfilled at this time		
V/D	Julio Leung	85 Dan Road	Canton, MA 02021
S	Alicia T. Brophy	85 Dan Road	Canton, MA 02021
D	Perry Hayes	85 Dan Road	Canton, MA 02021
D	Robert Aeschliman	85 Dan Road	Canton, MA 02021

300016322203

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alicia T. Brophy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alicia T. Brophy

Date

4-14-03

781-575-6800

Daytime Phone #

CR2E034B (12/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 054757 4304858

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : April 17, 2003

ORDER TIME : 9:27 AM

ORDER NO. : 054757-010

CUSTOMER NO: 4304858

CUSTOMER: Ms. Karen Lake
Hale And Dorr
60 State Str.

Boston, MA 02109

ANNUAL REPORT FILING

NAME: STREAM INTERNATIONAL INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____

RECEIVED
03 APR 18 AM 10:32
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA