

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27393

1. Entity Name  
EUA COGENEX CORPORATION

Principal Place of Business  
BOOTT MILLS SOUTH  
100 FOOT OF JOHN STREET  
LOWELL MA 01852

Mailing Address  
BOOTT MILLS SOUTH  
100 FOOT OF JOHN STREET  
LOWELL MA 01852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-2807267

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
C	PARDUS, DONALD G	238 GLEZEN LANE	WAYLAND MA 01778	<input type="checkbox"/>
VC	STEVENS, JOHN R	7 WILLOW STREET	BOSTON MA 02108	<input type="checkbox"/>
P	LISTON, EDWARD T	21 BRYANT ROAD	LEXINGTON MA	<input type="checkbox"/>
V	WHITE, MARK S.	29 BOARDMAN AVE.	MELROSE MA	<input type="checkbox"/>
EX V	POWDERLY, ROBERT G	42 WAYSIDE LANE	ASHLAND MA 01721	<input type="checkbox"/>
V	IMMERMAN, DARCY L.	12 KENT ST.	SCITUATE MA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

*Mark S. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark S. White, Vice President (978) 441-0090

Date

Daytime Phone #

8/10/00

FILED  
Aug 22, 2000 8:00 am  
Secretary of State

08-22-2000 90003 035 \*\*\*550.00

A0073671



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)