

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27393

1. Entity Name
EUA COGENEX CORPORATION

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90013 037 ***150.00

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



DO NOT WRITE IN THIS SPACE

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
PARDUS, DONALD G
238 GLEZEN LANE
WAYLAND MA 01778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
Charles Castine
200 1st St. SE
Cedar Rapids, IA 52401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
STEVENS, JOHN R
7 WILLOW STREET
BOSTON MA 02108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Jon Bancks
201 3rd Ave SE., Cedar Rapids, IA 52401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LISTON, EDWARD T
21 BRYANT ROAD
LEXINGTON MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T & S
Edward M. Gleason
222 W. Washington Ave.
Madison, WI 53703 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WHITE, MARK S.
29 BOARDMAN AVE.
MELROSE MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Charles Castine
200 1st St. SE
Cedar Rapids, IA 52401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EX V
POWDERLY, ROBERT G
42 WAYSIDE LANE
ASHLAND MA 01721 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Jon Bancks
201 3rd Ave SE.,
Cedar Rapids, IA 52401 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
IMMERMAN, DARCY L.
12 KENT ST.
SCITUATE MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Edward M. Gleason
222 W Washington Ave.
Madison, WI 53703 ☒ Change ☐ Addition

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
Edward M. Gleason

2-6-01

Date

608-252-3111

Daytime Phone #

CR2E034 (10/00)