

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90629 007 ***150.00

C0069194

DO NOT WRITE IN THIS SPACE

DOCUMENT# P33907 ✓
1. Entity Name
CORPORATE FAMILY SOLUTIONS, INC.

Principal Place of Business 200 Talcott Ave. South
 Watertown, MA 02472
Mailing Address P.O. Box 9177
 Watertown, MA
 02471-9177

2. Principal Place of Business 200 Talcott Avenue
 Suite, Apt. #, etc. South
 City & State Watertown, MA
 Zip 02472 Country USA
3. Mailing Address P.O. Box 9177
 Suite, Apt. #, etc. W
 City & State Watertown
 Zip 02471-9177 Country USA

4. FEI Number 62-1302117
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Corporation Service Company
 1201 Mayer Street, Suite 105
 Tallahassee, FL 32301

7. Name and Address of New Registered Agent
 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director & COO <input type="checkbox"/> Delete Mary Ann Tocio One Kendall Sq. Bldg. 200 Ste 222 Cambridge MA 02139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director, COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Ann Tocio 200 Talcott Ave. South Watertown, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary, VP & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stephen J. Dreier 200 Talcott Ave. South Watertown, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer & CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Elizabeth J. Boland 200 Talcott Ave. South Watertown, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roger H. Brown 200 Talcott Ave. South Watertown, MA 02472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3. 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: Elizabeth J. Boland 4/30/01 617 673 8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)