

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33949

1. Entity Name

THERMO WEB SYSTEMS, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90022 007 ***550.00

Principal Place of Business

35 SWORD STREET
P.O. BOX 269
AUBURN MA 01501
US

Mailing Address

81 WYMAN STREET
P. O. BOX 9046
WALTHAM MA 02254-9046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2809927

Applied For

Not Applicable

Zip

Country

Zip

Country

02454

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	PD	<input type="checkbox"/> Delete
NAME	SINDONI, EDWARD J	
STREET ADDRESS	35 SWORD ST.	
CITY-ST-ZIP	AUBURN MA 01501	
TITLE	T	<input type="checkbox"/> Delete
NAME	APICERNO, KENNETH	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLEMAN, STEVEN J.	
STREET ADDRESS	35 SWORD ST.	
CITY-ST-ZIP	AUBURN MA 01501	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMBERT, SANDRA L.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02254-9046	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAINVILLE, WILLIAM	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AGHABABIAN, ROBERT V	
STREET ADDRESS	81 WYMAN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	02454

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: Robert Aghababian RECEIVED 7-11-00 (781) 622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)