

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91165 019 \*\*\*150.00

**DOCUMENT #** P 33949

**1. Entity Name**

Thermo Web Systems Inc.

**Principal Place of Business**

35 Sward Street  
P.O. Box 269  
Auburn MA 01501

**Mailing Address**

81 Wyman Street  
Waltham, MA 02454

00033020

**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

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

**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**

<b>TITLE</b>	President/Die.	<input type="checkbox"/> Delete
<b>NAME</b>	Edward Sindoni	
<b>STREET ADDRESS</b>	35 Sward Street	
<b>CITY-ST-ZIP</b>	Auburn MA 01501	
<b>TITLE</b>	Treasurer	<input type="checkbox"/> Delete
<b>NAME</b>	Kenneth J Apicerno	
<b>STREET ADDRESS</b>	81 Wyman Street	
<b>CITY-ST-ZIP</b>	Waltham, MA 02454	
<b>TITLE</b>	Secretary	<input type="checkbox"/> Delete
<b>NAME</b>	Sandra L Lambert	
<b>STREET ADDRESS</b>	81 Wyman Street	
<b>CITY-ST-ZIP</b>	Waltham, MA 02454	
<b>TITLE</b>	Assistant Secretary	<input type="checkbox"/> Delete
<b>NAME</b>	Robert V Aghababian	
<b>STREET ADDRESS</b>	81 Wyman Street	
<b>CITY-ST-ZIP</b>	Waltham, MA 02454	
<b>TITLE</b>	Director	<input type="checkbox"/> Delete
<b>NAME</b>	William Rainville	
<b>STREET ADDRESS</b>	81 Wyman Street	
<b>CITY-ST-ZIP</b>	Waltham MA 02454	
<b>TITLE</b>	VP	<input type="checkbox"/> Delete
<b>NAME</b>	Steven S Coleman	
<b>STREET ADDRESS</b>	35 Sward Street	
<b>CITY-ST-ZIP</b>	Auburn MA 02454	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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 V. Aghababian

Robert V Aghababian

4-26-01

(781) 622-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Date #

CR2E034 (11/00)