2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2000 8:00 am Secretary of State **DOCUMENT # P35163** 1. Entity Name KURZWEIL APPLIED INTELLIGENCE, INC. 04-17-2000 90110 044 ***150.00 Principal Place of Business Mailing Address 52 THIRD AVE 52 THIRD AVE BURLINGTON MA 01803 BURLINGTON MA 01803-4414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 04-2815079 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. QF0 CCD **X** Addition ■ Delete TITLE ☐ Change TITLE DAMMEKENS, CARL LERNOUT, JO NAME NAME 52 THIRD AVE 52 THIRD AVE STREET ADDRESS STREET ADDRESS PURLINGTON, MA 01803 CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA 01803** Change [· Addition CCD **▼** Delete TITLE TITLE HAUSPIE, POL NAME NAME 52 THIRD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA 01803 PPEO** ☐ Change ☐ Addition Delete TITLE **BASTIANES, GASTON** NAME NAME STREET ADDRESS STREET ADDRESS 52 THIRD AVE CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA 01803** SECRETARY PF0 ☐ Change Addition Delete TITLE TITLE LEVY, LAWKENCE M. DOHERTY, THOMAS B NAME NAME 52 THIRD AVE 52 THIRD AVE STREET ADDRESS STREET ADORESS BURLINGTON, MA 01803 CITY-ST-ZIP **BURLINGTON MA 01803** CITY-ST-ZIP ASSISTANT SECRETARY FLINK, PHILIP J. ☐ Change X Addition CD X Delete TITLE TITLE WILLAERT, NICO NAME NAME 52 THIRD AVE **52 THIRD AVE** STREET ADDRESS STREET ADDRESS BURLINGTON, MA 01803 CITY-ST-ZIP CITY-ST-ZIP **BURLINGTON MA 01803** ASSISTANT SECRETARY ☐ Change X Addition Delete TITLE TITLE CLOET, FERNAND NAME NAME SCHRIJ VER STREET ADDRESS 52 THIRD AVE STREET ADDRESS THIRD AVE CITY-ST-ZIP **BURLINGTON MA 01803** CITY-ST-ZIP BURLINGTON, MA 01803

13. I hereby certify that the information supplied with this filling 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:

211 CU 16 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO