

DOCUMENT

P35813

1. Entity Name

BETA ENGINEERING, INC.

FILED

00 OCT 24 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6 Blackstone Valley Place
Lincoln, RI 02865

Mailing Address

6 Blackstone valley Place
Lincoln, RI 02865

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0398907

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 fee if applicable.

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when relocating)

October 23, 2000
DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Grilli, Michael E.	TITLE	
NAME	Grilli, Michael E.	NAME	
STREET ADDRESS	660 Grove street	STREET ADDRESS	
CITY-ST-ZIP	Framingham, MA	CITY-ST-ZIP	
TITLE	PST	TITLE	
NAME	Grilli, Michael E.	NAME	500003441395--0
STREET ADDRESS	660 Grove Street	STREET ADDRESS	-10/26/00--01115--023
CITY-ST-ZIP	Framingham, MA	CITY-ST-ZIP	****750.00 ****750.00
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael E. Grilli, President

10/10/2000
(401) 333-2382