

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90450 030 \*\*\*150.00

**DOCUMENT #** P38255

**1. Entity Name**

*Life line Systems, Inc.* ✓

**DO NOT WRITE IN THIS SPACE**

80125621

**2. Principal Place of Business**  
111 LAWRENCE STREET

**3. Mailing Address**  
111 LAWRENCE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
FRAMINGHAM, MA

**City & State**  
FRAMINGHAM, MA

**4. FEI Number**  
04-2537528

**Applied For**  
Not Applicable

**Zip** 01701 **Country** US

**Zip** 01702 **Country** US

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

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

**Name** CT CORPOARTION SYSTEM

**Street Address (If Not the Same as Principal Place of Business)** 1200 SOUTH PINE ISLAND

**City** PLANTATION **FL** **Zip Code** 33324

**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)**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. CP OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	FEINSTEIN, RONALD 111 LAWRENCE STREET FRAMINGHAM, MA 01702	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V HURLEY, DENNIS M 111 LAWRENCE STREET FRAMINGHAM, MA 01702	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V STRANGE, DONALD G 111 LAWRENCE STREET FRAMINGHAM, MA 01702	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	G SHAPIRO, L DENNIS 111 LAWRENCE STREET FRAMINGHAM, MA 01702	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BALDWIN, EVERETT N 100 MAIN STREET CONCORD, MA	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Dennis M Hurley* **DENNIS M HURLEY** 6/18/02 508-988-1382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)



Attachment  
Document #  
P38255

60125621

Winner  
American Society on Aging  
2001 Business of the Year Award

June 17, 2002

Florida Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Lifeline Systems, Inc.  
Document #: P38255

To Whom It May Concern:

Enclosed is a copy of our 2002 Uniform Business Report with a \$150 payment.  
Please note that we never received the original form.

We have historically filed our returns timely. We would therefore appreciate you  
accepting the \$150 as payment in full for our account.

If you have any questions, or require additional information, please contact me at  
(508) 988-1000.

Sincerely,

Sandy Puritz  
Tax Manager

Lifeline Systems

111 Lawrence Street

Framingham, MA 01702

Phone: 508-988-1000

Fax: 508-988-1384

www.lifelinesys.com

