

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P39985

1. Entity Name

BANYAN SYSTEMS INCORPORATED

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 035 ***150.00

Principal Place of Business

Mailing Address

120 FLANDERS RD
WESTBORO MA 01581

120 FLANDERS RD
WESTBORO MA 01581-1035

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

04-2798394

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FERRY, WILLIAM P	
STREET ADDRESS	45 BISHOPS FOREST	
CITY-ST-ZIP	WALTHAM MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, JOHN F	
STREET ADDRESS	1110 HARVEY ROAD	
CITY-ST-ZIP	MCLEAN VA 22101	
TITLE	AT	<input type="checkbox"/> Delete
NAME	SPAULDING, RICHARD	
STREET ADDRESS	66 SOLON STREET	
CITY-ST-ZIP	NEWTON MA	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BURKE, ROBERT D	
STREET ADDRESS	30 ALLEN CIR	
CITY-ST-ZIP	BOXFORD MA 01921	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAHONEY, DAVID C	
STREET ADDRESS	103 JIMMEY DRIVE	
CITY-ST-ZIP	WESTFORD MA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELLANTUONI, ANTHONY	
STREET ADDRESS	37 WOODLAND DR	
CITY-ST-ZIP	NASHUA NH 03063-2059	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)