

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90231 004 ***150.00

0613676 AT

DOCUMENT # P40075

1. Entity Name
IEIS, INC.



Principal Place of Business
**427 TURNPIKE STREET
CANTON MA 02021**

Mailing Address
**427 TURNPIKE STREET
CANTON MA 02021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-2654231**

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PTD WALDSTEIN, JOHN** ☐ Delete
STREET ADDRESS **97 MEADOWBROOK RD**
CITY-ST-ZIP **NEEDHAM MA 02192**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **S MYERSON, PETER** ☐ Delete
STREET ADDRESS **ONE STATE STREET**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D PALEY, HEATH** ☐ Delete
STREET ADDRESS **34 TITCOMB LANE**
CITY-ST-ZIP **AQUINDEL ME 04046**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D BALCOM, DIANE** ☐ Delete
STREET ADDRESS **905 SHARPSHILL RD.**
CITY-ST-ZIP **PITTSBURGH PA 15215**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **D TANNENBAUM, STEVEN** ☐ Delete
STREET ADDRESS **68 HARVARD STREET, 3RD FLOOR**
CITY-ST-ZIP **BROOKLINE MA 02445**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME **Officer Chris Hentschel** ☐ Delete
STREET ADDRESS **9 WEST ST**
CITY-ST-ZIP **KINGSTON, MA 02364**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Hentschel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 781 821-5566 x119

Date

Daytime Phone #

CR2E034 (10/02)