

2000 UNIFORM BUSINESS REPORT (UBR)

8/8

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-08-2000 90021 028 ***508.75
 08-22-2000 90004 001 ***50.00

DOCUMENT # P40851

1. Entity Name

DATA CONVERSION, INC.

Principal Place of Business

238 MAIN STREET
 CAMBRIDGE MA 02142

Mailing Address

238 MAIN STREET
 CAMBRIDGE MA 02142

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

04-2506346

☒ 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 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 \$550.00

**- After SEPTEMBER 13, 2000 Min. will be \$750.00.
 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS PATNI, NARENDRA K 100 MEMORIAL DRIVE CAMBRIDGE MA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. PATNI, NARENDRA K 100 MEMORIAL DRIVE CAMBRIDGE MA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PATNI, NARENDRA K 100 MEMORIAL DRIVE CAMBRIDGE, MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PATNI, POONAM 100 MEMORIAL DRIVE CAMBRIDGE, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAAL, STEPHEN J. 238 MAIN ST. CAMBRIDGE, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAXENA, JITENDRA 112 TURNPIKE ROAD WESTBORO, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S GANICK, JOHN G. 225 WASHINGTON ST. #340 NEWTON, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *Narendra K. Patni*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 1 of 2

238 MAIN STREET, CAMBRIDGE, MASSACHUSETTS 02142 • (617) 354-7424 • FAX: (617) 876-4711

DOC. # P40851
B0104735

**DATA
CONVERSION
INCORPORATED**

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

Subject: Annual report/ Uniform business report balance due

Reference: **P40851**

To Whom It May Concern:

Enclosed find and additional \$50.00 check, which is for balance due \$41.25 plus \$8.75 for certificate of status. We are sorry for error in the check at the first time.

If you have any additional question, please feel free to contact me.

Sincerely,



Patrick Kietsrichart
617-354-7424 ext. 249