

# 2001' UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40851

1. Entity Name

DATA CONVERSION, INC.

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90134 022 \*\*\*158.75

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 \$150.00**  
**After MAY 1, 2001 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 PD ☐ Delete  
NAME PATNI, NARENDRA K  
STREET ADDRESS 100 MEMORIAL DRIVE  
CITY-ST-ZIP CAMBRIDGE MA

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

TITLE TD ☐ Delete  
NAME PATNI, POONAM  
STREET ADDRESS 100 MEMORIAL DRIVE  
CITY-ST-ZIP CAMBRIDGE MA

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

TITLE D ☐ Delete  
NAME GAAL, STEPHEN J  
STREET ADDRESS 238 MAIN ST  
CITY-ST-ZIP CAMBRIDGE MA

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

TITLE D ☐ Delete  
NAME SAXENA, JITENDRA  
STREET ADDRESS 112 TURNPIKE RD  
CITY-ST-ZIP WESTBORO MA

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

TITLE DS ☐ Delete  
NAME GANICK, JOHN G  
STREET ADDRESS 225 WASHINGTON ST #340  
CITY-ST-ZIP NEWTON MA

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

JOHN G. GANICK  
DIRECTOR

1/10/01

Date

617-964-0500

Daytime Phone #

CR2E034 (10/00)